Contributors to the July Quarterly

Beard, Mary, ("Pre-natal Nursing"), Director of the Instructive District Nursing Association of Boston, and Contributing Editor of the Quarterly, is well known to our readers through her previous contributions to its pages. Miss Beard is probably more competent than any other person to write on this subject from the point of view of the Public Health Nurse.

Goldstein, Anna, ("The Care of the Baby"), is a Seventh Grade pupil at Longwood School, Cleveland, who won a prize offered by the School Nurses in that city for the best essay at the conclusion of a course of lectures given in the schools by the nurses and teachers.

Baker, S. Josephine, M. D., ("Health Leagues as an Aid in School Medical Inspection"), is Director of the Division of Child Hygiene of the Department of Health, New York City.

Kerr, Anna W., ("The School Nurse as an Organizer"), has been Superintendent of Nurses of the Division of Child Hygiene of the Department of Health, New York City, since 1908. Miss Kerr is a graduate of the Bellevue Hospital Training School, of which school she has twice been Assistant Superintendent.

Foster, Rose M., ("School Nursing Past and Present"), is a graduate of Lakeside Hospital, Cleveland, O., and is at present Acting Superintendent of the School Nurses in that city.

Contributors to the July Quarterly

(Continued.)

Jones, Dr. C. Edward, ("Health Direction, Its Scope and Purposes in Cities, from the Viewpoint of a Superintendent of Schools"), is Superintendent of Schools, Albany, N. Y.

Brainard, Annie M., ("The Administrative Side of Visiting Nursing"). This is the third and last installment of the series of articles commenced in our January issue.

Dahlman, Jennie T., ("Another Phase of Preventive Work"), is Teacher of Housekeeping of the Roxbury Charitable Society, Roxbury, Mass. Mrs. Dahlman is a graduate of St. Luke's Hospital, New Bedford, and also took a course in Household Economics at Simmons College. She was Supervisor in the Instructive District Nursing Association of Boston for a year and a half, before taking up Visiting Housekeeping.

Ross, M., ("A Two Months' Training of a Pupil Nurse"). A pupil nurse from Huron Road Hospital, Cleveland, Ohio, describes in this paper the experience in public health nursing work which she received as part of her training.

Solomon, Geraldine Lucile, ("The Autobiography of a Fly"), is a Sixth Grade pupil in the Public School of Fostoria, Ohio.

THE
Public Health Nurse Quarterly

A Magazine published in the interest of Visiting Nursing, and dealing with the many phases of the Nurse's work in the Districts, in the Anti-Tuberculosis Crusade, in the fight against Infant Mortality, and in other Social and Medical Activities.

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"THERE ARE NO CHILDREN BETWEEN TWO AND SIX ON THE SOCIOLOGICAL MAP."

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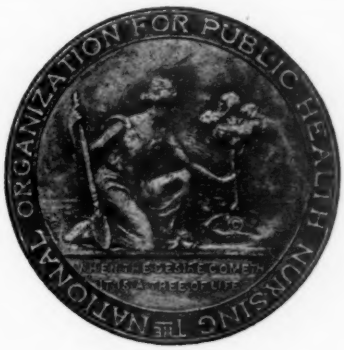

Editorials

I.

The Expectant Mother

Happy indeed is the inspiration which leads one to offer counsel and instruction to the expectant mother! Too long has she been left to flounder along with instinct, tradition and hearsay as her habitual guides. This business of bearing and rearing a man seems to be so lightly and carelessly considered that a person lacking in sense and judgment for even the simplest practical undertaking in the arts which are understood, is considered to have the requisite qualifications for the care of a child through the mere fact of becoming a mother. A dog fancier does not sell a good dog without giving some advice as to its feeding and care. Even florists will enclose a slip of printed directons in a box of cut flowers telling what to do to preserve their short life; but when it comes to the human child, the embodiment of immortal

hope and aspiration, and the one to whom the torch of life must be given so that he may pass it to the next in line, there has seemed to be a concensus of opinion, tacit if not expressed, that neither information nor previous training need be brought to the task. Certainly we are beginning to perceive the folly of such an assumption, though even yet we are sunk in an astounding degree of apathy and indifference toward the whole subject of untrained and unenlightened motherhood. How much kinder and how much wiser it is to give the mother some advice, to teach her something before the birth of her child, since the whole system of general education, as we understand it, has left her ignorant concerning that which is to be her chief occupation and duty.

We are sure that Miss Beard's article in this Quarterly will suggest a practical and excellent system of pre-natal instruction and advice.

A Neglected Period of Childhood

II.

Of late years wherever public organizations have touched child life they have to some extent classified and recorded the experience which they have had in their contact with children, so that a practical system of child welfare is gradually developing from this conscious, organized effort to improve and upbuild the minds and bodies of the young, and as this practice extends and widens it accumulates valuable facts and data.

Moreover, whenever a body of fact is built up through painstaking observation and conscientious record, a scientific method, capable of infinite development and improvement, supplants the purely casual way of dealing with grave problems.

In so far as the child from two to six has lacked inclusion in most of the definite plans for a systematic and consecutive care of children from infancy to adolescence, the entire system, as well as the child, has suffered because of this lack.

The average home keeps no records in the care of children, except possibly in times of acute illness, and makes no comparisons except by chance, and these chance observations are not recorded or communicated to others with a view to helping develop knowledge in the subject for the general good, but are rather made to satisfy some momentary desire or curiosity.

However, because of the deep instincts and emotions which attach a child to its own individual home rather than to a general home, we must still believe that the family soil is the best fitted to nourish the *whole* man, wherever a tolerable home exists, and we can only deplore the fact that mothers do not associate themselves seriously together in an effort to do the best that can be done and to help others to do the same.

However, when we consider the difficulties which beset a mother, largely because the science of child welfare has not been a part of her training, we are surprised that she makes headway at all and that she does not find herself completely baffled and discouraged.

Surely, the writer to whom we owe the admirable article in this number, entitled "Children Between Two and Six," makes a wise suggestion when she advises the general visiting nurse to take consecutive nursing and instructive care of the same children from babyhood till they are safely (if possible) piloted through the period when they are most prone to contagious diseases. Such care would admirably supplement that of the home.

III.

The Rural Nurse

During this summer season of the year our hearts turn naturally towards the country and we think longingly of the green, shady woodlands, the scent of flowers, and the picturesque sights and sounds of country life. It really seems as if the restful beauty of nature would prove a perfect panacea for all the ills of body and mind

which have accumulated during the worry and bustle of twelve months of city life, and we can imagine few things more delightful than a long vista of happy days in the fresh air, with no dirty or sordid surroundings to offend the eye and bring troubled thought of disease, poverty and crime. The life of the farmer may be a somewhat hard and monotonous one, but at least it carries with it the recompense of sturdy health and vigor and the prospect of bringing up his family under the best of conditions, away from fears of infection and germs, with an endless supply of the purest milk and good country food for the little ones.

But if we think seriously of the country folk as we have really seen them, does not this imaginary picture fade a little? The children of the country, especially, have they always a healthy glow on their faces and the sparkle of health in their eyes? Have we not sometimes been astonished to note the pale, sickly appearance of many a little country urchin? The very same appearance, in fact, which would make us exclaim, were the child in the city, "Oh for an opportunity to send that child into the country for a few weeks of fresh air, and good, wholesome food!"

If we come to inquire into the matter we shall probably find that these same little ones are living under conditions little, if any, more wholesome than those which fall to the lot of the slum child; and we are reluctantly forced to the conclusion that humanity in the city and in the country is very much the same thing and that wherever ignorance and apathy exist there is sure to be a goodly crop of disease and misery. We must not expect a fresh country breeze to counteract wholly the effects of bad drainage and a contaminated water supply; nor imagine that rural parents, simply through living in the country, must needs be wholly enlightened as to the evil which will result to their children from long hours spent in an ill-ventilated, badly-lighted schoolroom, or from

drinking out of the same cup as a child who is the victim of some contagious disease.

There is poverty in the country as well as in the city; and one needs, too, a sympathetic attitude toward the man who has to be out at earliest dawn tending his cattle and working in the fields; or towards the wife who works nearly as hard and as long as does her husband. It is a monotonous existence—by nightfall there is little energy left for recreation, were there any form of amusement sufficiently close at hand to turn to; and life has a way of sinking to a dead level which is the surest form of destruction for all ideals and ambition towards better things.

We have learned to regard the Public Health Nurse as a true missioner to body and mind—as one who substitutes knowledge for ignorance, hope for despair; and the rural nurse needs, perhaps more than any of her sisters, boundless enthusiasm and the highest ideals. Working, as she usually does, almost alone, dependent upon her own resource for the solution of many difficulties both professional and purely human, she must be endued with the true missionary spirit if she is to be a real help and inspiration to those whom she wishes to aid.

The soldier who charges in the midst of his squadron has little opportunity to show signs of cowardice, however fearful he may feel, and his bravery in facing the foe is regarded merely as a performance of duty; but the man who, alone, or with only one or two companions, holds out against heavy odds to save his comrades, or because he feels that to surrender would be an act of cowardice, is universally regarded as a hero. The truly brave man or woman is the one who can stand and fight *alone,* when the sound of the drum and the cheers of companions have died away in the distance.

The help and knowledge and idealism which the Public Health Nurse can bring are just as much needed

in the rural communities as in the great cities. To bring them into the country homes often means the renunciation on the part of the nurse, of many pleasures and companionships; it means fighting a hard battle against discouragement in others and in oneself. But the women who can meet this individual responsibility and can overcome the temptation to dullness and loss of enthusiasm, are heroines on the great field of battle against ignorance, apathy, and moral and physical disease, and will surely reap the reward of those who know that they have fought a good fight and kept bright the faith that was in them.

Prenatal Nursing

MARY BEARD

Public health nurses must feel the urgent need for better maternity service. We want better obstetrics. By better obstetrics we mean more scientific care before, at the time, and after the birth of babies. We mean also a more available obstetric service for the communities in which we live. Like other public health activities, we are trying to make good obstetrics really a public service, not only available to the mother of every child, but thrust upon her as a necessity of her baby's citizenship. To begin with, what is it that women want when their privilege of motherhood is about to be fulfilled? The most universal want is that of an adviser who really knows all about the experience and who will direct, reassure and encourage. The mother next wants the assurance that someone will take care of the family while she is unable to do so. She wants someone to come to her for the confinement, someone to care for her and for the baby until she is well again.

The immediate and obvious answer to this universal demand is the employment of the midwife.

Dr. Arthur Newsholme, the recognized authority in Great Britain on all matters relating to infant mortality, has written:

"The dangers to infantile life associated with parturition are followed by the dangers associated with errors in infantile management, especially as to food, clothing and cleanliness. The results of such errors are especially seen during the later months of infancy; but their origin dates commonly from the first month of life, during a considerable part of which, probably in something like 50 per cent of the total birth in England and Wales, midwives are in attendance. The fact that, of

the total deaths of infants in the first year of life, a third (34.6 per cent) occur during the first four weeks, and a fourth (25.8 per cent) during the first two weeks of life, must be regarded as the result in doubtful proportions of congenital defects, of improper attention at birth, and of bad management after birth."

In offering recommendations for the reduction of infant mortality Dr. Newsholme says: "The evidence already available points to the conclusion that infant mortality can be lowered by giving adequate training and help to midwives. This especially applies to the saving of infant life at and soon after birth. It has also to be remembered that the midwife's influence with the mother, whom she has helped in her need, is very great and it is her advice as to the management and particularly as to the feeding of the infant which is most likely to be followed." *

It is to this last paragraph of Dr. Newsholme's that I wish to draw attention. Do we agree with the idea expressed? Do any of us really wish to leave in the hands of these uneducated women the high task of teaching the duties of motherhood to those women whose need of this teaching is so great? Experience has taught us otherwise. Health teaching in the homes where poverty and ignorance make such teaching most necessary has been carried on by district nurses for many years. Early in the development of district nursing in England, as long ago as 1874, it was found necessary to instigate an investigation of district nursing because "the whole system of district nursing then existing in England was amateur, slovenly and haphazard and the connection with the physician was very lax." (Mrs. Dacre Craven, Paper on District Nursing read at International Congress of Charities and Corrections, Chicago, 1893). "A result of

*Report on Infant and Child Mortality by Dr. Arthur Newsholme, Chief Medical Officer of the local Government Board, contained in Supplement to the Board's Annual Report, 1909-10, presented to both Houses of Parliament.

this investigation was the foundation of the Metropolitan and National Nursing Association in 1874 with its great departure from previous methods, in the employment only of nurses drawn from the ranks of educated women, so-called gentlewomen." The reasons for the success of this plan were chiefly, to quote Mrs. Dacre Craven, "In nursing the poor in their own homes, nurses were placed in positions of greater responsibility in carrying out doctors' orders than in hospitals; that women of education would be more capable of exercising such responsibility; that the vocation would attract women anxious for independent employment, and a corps of nurses recruited altogether from among educated women would have a greater influence over the patients, and by their higher social position would tend to raise the whole body of professional nurses in the consideration of the public." **

In 1874 a more or less bitter experience taught those best qualified to judge that it requires the very highest type of woman to be a successful teacher of hygiene and sanitation in the homes of ignorance and poverty. In our desire to provide instruction because we see its need, let us not forget that this is true. Prenatal instruction and advice in those days following immediately after the birth of her baby comes with great weight if the teacher is truly a teacher. Let us not repeat an old mistake of providing for this office one who by her very nature can never, in any true sense, fulfil its functions.

In large cities where maternity hospitals and medical students are found, a very practical and desirable service may be secured for women who need it. For the small city, the country town or the rural community, we have yet to see disproved an equally practical service which would have as its foundation principles no other than those governing an out-patient service from a ma-

**Miss Amy Hughes' report of the International Congress of Nurses, 1901.

ternity hospital, i. e., an obstetrician for confinement and preliminary obstetrical examination and the services of trained nurses both for prenatal and postpartum visits.

What is known as the "West End" in Boston is a very congested district. Russians, Poles, Italians and many other foreign-born women live here. In the heart of this district, the Boston Lying-In Hospital is situated. Nearby is the pregnancy clinic of the out-patient department of the hospital established in 1888. Since that time 43,454 patients have been cared for in their homes by this department in various parts of the city of Boston. In many particulars, this service has met the fundamental needs of the mothers in the West End. Frequently women who have moved away come back in order to have the care of the Boston Lying-In Hospital doctors and nurses before and after the time of confinement. The following is the routine procedure. Women are encouraged to come early and may apply at any time to the pregnancy clinic for admission to the Out-Patient Department. A thorough examination is made at the clinic. The patient is then given a card of admission to the Out-Patient Department, her name and address are given to the district nurse in her locality and a routine of prenatal nursing is begun. The following printed instructions are pasted into each nurse's notebook and are intended as a reminder to her:

Prenatal Visits

1. General condition and appearance.
   Color, cheerfulness, apprehension, strength, dyspnoea.
   Pain in back (belt)?
2. Swelling of face, hands, feet—varicose veins of legs, hemorrhoids.
3. Nausea and vomiting. "Heart-burn." (Oil or cream one-half hour before eating.)
4. Headache. Toothache.

5. Vision, dizziness, blurring, spots or flakes before eyes.
6. Leucorrhoea. Blood?
7. Urine, at least 1 qt. daily. Specimen, frequency, burning, painful?
   Sudden reduction in amount dangerous.
8. Bowels free? Flatulency. 1. Diet. 2. Fruit. 3. Enemata. 4. R senna prunes. 5. R cascara. 6. Co. liquorice powder.
9. Breast and nipples. Clean and dry? Lanolin if necessary. Did she nurse her other children, how long? or why not? Support if necessary.
10. Feel life after five months? If not listen for heart, locate and count.

General Advice

Before taking neighbor's advice ask nurse or doctor?

1. Reassure with cheerful hopefulness of favorable outcome.
2. Fresh air and exercise, work in moderation only, better none toward end of term. Lying down twice daily. Bed early.
3. Clothing loose, corsets, none at all or loose. Belt for abdominal support if pain in back. No round garters.
4. Baths, daily, cool sponge. Sweating increased in pregnancy.
5. Food, mixed diet, meat only once daily. Not too much food. Never a large meal. Two lunches between meals. Plenty of liquids.
6. Water, 8 to 16 glasses (1 to 2 qts.) enough to yield at least 1 qt. urine.
7. Baby clothes. These should be very plain. Most of them you can make yourself.
   3 dresses at $ .17 ..... $ .51

3	petticoats (gertrude design) at $ .17	.51
	Made of outing flannel	
	1½ yds. material for each dress,	
	petticoat and nightdress	
3	nightgowns at $ .17	.51
3	pairs stockings at $ .12½	.38
3	shirts at $ .25 each	.75
3	bands straight (flannel ¾ yd.)	.23
3	bands with straps, silk and wool	
	(seconds) at $ .25 each	.75
1	Baby Bunting coat and hood in one	.63
20	diapers, 2 pieces 10 yds. each at $ .55	1.10
	Total	$5.37

8. Supplies for labor.

   Besides the usual kitchen utensils and bedding have ready:

   2 lbs. absorbent cotton.
   1 piece of oilcloth to protect the bed.
   A piece of castile soap.
   Plenty of newspapers.
   A clean piece of blanket to wrap the baby in.
   A clothes basket for the baby's bed.

9. Prepare mind for signs of labor and probable course especially for first labor.

1. Urine.

   Color. Normal, amber.

   If high or dark, too concentrated, drink more water.

   Spg. Normal, 1021.

   If 1025 or higher, too concentrated, drink more water.

   Acidity. Normal, slightly acid.

   If very acid, too concentrated, drink more water.

   Albumen. Heat test and dilute (½-5%) acetic acid, if a distinct cloud forms report to doctor.

2. Blood pressure.

Normal 110-120. Lower is harmless.
Rise from individual average, report and watch.
Pressure of 140-160 report and watch.
150-170 investigate and treat immediately.
160-190 dangerous.
170-230 usual before or in eclampsia.

The cost of the blood pressure apparatus prohibits its use by nurses.

Every ten days a visit is paid by the nurse; and for each patient there is a medical history card and a family social history card.

For prenatal visiting it is necessary to be provided with the following articles:

Thermometer
Bottle of alcohol
Bottle of nitric acid
Two small glasses for testing urine
Filter paper
Blotter 5 by 7 inches
Paper napkins
Scratch pads
Note book
Lead pencil
Absorbent cotton (small amount)

Baby's outfit:

Binder
Gertrude
Slip
Diaper
Shirt

For the nurse there must be soap, towel and hand brush.

When she finds that the patient is out she will leave a slip in order to notify the patient that she will come again.

A nurse who has done very successful visiting of this sort writes me as follows:

"The keynote to successful prenatal nursing is for the nurse herself to make it a friendly and cheery visit rather than that she should have uppermost in her mind the obtaining of the social history of the family."

This same nurse writes that her first business after introducing herself is to be sure that the patient is under some medical advice. Her next care is to ascertain that the patient understands the instructions that have been given to her, especially as to the preparations to be made for the coming labor. She finds the easiest method of establishing friendly relations that of asking about the baby's clothing, expressing interest in it and making suggestions. It is here that she brings out the sample baby clothes which she carries in her bag and teaches the mother how to cut them out and what material to buy. She also brings out, in general conversation, the information as to the personal health of the mother which she is required to get, and in such a general conversation over the baby clothes finds it possible to give a good deal of advice. In this informal way she gets as much information as she can for both the social and medical history cards.

Next comes the necessity of making a urinalysis. She explains to a patient that she is going to test her urine and why it is necessary to do this. The following is her technique: A specimen is obtained in a glass which the nurse provides. While the patient is absent the nurse prepares for the test by placing a small piece of blotting paper, covered with paper, on the table on which is another glass with filter paper and nitric acid bottle. While the urine is being filtered into the clean glass she takes the patient's temperature and pulse.

On the first visit after the urine has been tested the nurse herself disposes of the urine in order to observe the sanitary condition of the toilet. The urine glasses

are dried with paper napkins which are carried in the nurse's bag.

This nurse suggests that one is often given an opportunity to see the whole apartment by asking which room the mother has selected for her confinement. Very frequently, through the nurse's suggestion, a more desirable room is chosen.

This nurse ends the description of her visit in this way: "When leaving, say that you will come again in about ten days and if any question comes to the patient's mind or any pain or ache disturbs her she is to be sure to notify the nurse."

Observation of the patient's physical condition, of her habits of personal hygiene, diet, recreation, exercise, clothing, regularity of living, is the nurse's first concern. Any abnormal condition is reported immediately to the doctor in charge of the pregnancy clinic and the patient is visited by the doctor if she does not report at the clinic when she is sent by the nurse. Observation of the physical condition is only part of the nurse's duty on these prenatal visits. Upon the nurse's ability to teach the mother such things as the importance of preparing herself for the duty of nursing her baby, of clothing him properly and providing for him a suitable sleeping place depends the real value of her visit. Reassurance to an anxious young mother counts for much and reacts definitely upon her physical condition.

Post partum nursing care is given by the same district nurse who made prenatal visits in the family. The cost of a nurse's visit is fifty cents. She collects the whole or a part of this fee according to circumstances. An Italian doctor with a large foreign practice in the neighborhood of the pregnancy clinic has said that these women are both able and willing to pay as much as ten dollars for care during child-birth. Since emphasis has been laid in the Nursing Association upon the principle of fee collection in the last two years the amount col-

lected has increased from thirty to one hundred dollars a month.

Attendance at the pregnancy clinic means that such measurements are taken as will preclude the surprise of discovering an abnormal pelvis when it is too late. It means, too, that tests will be made whenever a patient shows symptoms of syphilis or gonorrhoea so that treatmen may be begun at once.

The pregnancy clinic and prenatal nursing, with the best care at confinement, has become a very popular service. This is to be accounted for by the recognition of the people themselves that the best that science can offer to any prospective mother is at their service and is also practically available.

The regularity of the service, the perfection of the system and the prompt response to the summons when the patient needs a doctor has made a businesslike maternity center the worth of which is proved daily by its use.

Side by side with districts of foreign-born women who find this system highly satisfactory there are districts in which the women never think of anything but a midwife when their baby is expected. These women cling to their traditions, and influenced by their immediate neighbors who perhaps are more recent arrivals, continue the use of the midwife. A curiously defined line will mark off such a group from those who know about and value the out-patient work described above.

Ignorance on the part of the mothers is in these nearby districts the obstacle to be overcome.

Knowing these facts, what is ideal as a plan to better conditions for the coming generation? And, seeing an ideal, can we make a working plan for its accomplishment? There are some possibilities. To meet ignorance there must be teaching of a kind that will be acceptable and effective. To help poverty there must be, where health is concerned, legislation that will make good medical and nursing care available.

In the weekly Bulletin of the Department of Health of the City of New York, January 23 of this year, was published the following comment on a paper read at the recent meeting of the American Public Health Association by B. S. Warren, Surgeon of the U. S. Public Health Service:

"At the present time, in the United States, the burden of the loss occasioned by sickness is borne by the individual who, in many instances, is broken by the extra load and is added to the number of impoverished or destitute to be cared for by the community. Changing conditions in this country will sooner or later, as in other countries, force the enactment of a law providing for sickness insurance. Such a step should be welcomed by all interested in public health, for undoubtedly this form of insurance will prove a powerful factor in the prevention of disease."

Justice and reason demand sickness and maternity insurance. When this comes we may hope that the evil effects of poverty on our new-born babies will be diminished.

If maternity insurance were to become a practical factor for our consideration, how should we wish to have the money spent? One immediate cause of poor obstetrics—poverty—being removed, why not use the money to combat another immediate cause—ignorance?

To be sure, we could establish schools of midwifery, a system of supervision of midwives and a control of these traditional "nurses," but would such education and control bring to us in America all the good results that have followed in England? And do we not want something more? As a stop gap in some parts of this country the practice of the midwife may and undoubtedly does present quite another aspect than the one we see here. As an idea for a working plan to go hand in hand with the awakened public intelligence which will bring maternity insurance we believe we ought to work toward the accomplishment of what is better than this practice.

In matters of public health we must give nothing short of the very best. This is not idealism. It is common sense.

The science of obstetrics is never practised by midwives—no matter how carefully educated they may be. It is the science of obstetrics with which we are concerned. Of what use is the best intellectual effort science can make if we cannot find a way to make the truths she discovers available "for the people and by the people"?

Let us say boldly that we do want the application of the science of obstetrics and nothing less than this.

"Health" as a subject is far more popular than "illness" today. "Health centers" have each its pregnancy clinic, where preventive medicine applied to obstetrics will be the spirit that prevails. Let us put redoubled effort into making these clinics popular. In connection with each of these clinics there must be a large enough force of community nurses to make the prenatal nursing adequate. Let us spend our money in order that when maternity insurance comes we may have ready a demonstration of the best obstetrical and nursing service so practically organized as to have proved itself to be what the people of the community want and therefore what they will use.

The Care of the Baby

ANNA GOLDSTEIN

(In April and May, 1912, the Babies' Dispensary and Hospital gave the services of a nurse to demonstrate the value of the teaching of Infant Hygiene to seventh and eighth grade girls in the public schools of Cleveland. During 1913 the Board of Education placed this work in the hands of the Domestic Science and Medical Inspection Departments and it is now a part of the school curriculum.

The nurses and domestic science teachers gave the following talks:

The Nurse

1. Causes and prevention of the present high death rate and how to keep the baby well.
2. Feeding—maternal, artificial feeding. Importance of pure milk. Danger of so-called baby foods.
3. First home treatment in the beginning of intestinal disturbances.
4. Bath—the essentials of the bath as to its preparation and how much good it does the infant.

The Teacher

5. Milk composition taught by making butter, cottage cheese, junket, custard.
6. Milk modified, pasteurized, sterilized. Care of bottles.
7. Clothing—discussion of the outfit and cutting patterns.
8. Bed—bedding, sleep, airing and handling.

These lectures commenced April 11 and concluded June 4. A prize was offered by the School Nurses to the children at all Domestic Science Centers wishing to compete, for the best composition on "The Care of the Baby," the following persons acting as judges:

Miss Leete, Supt. of Nurses, Babies' Dispensary.
Miss Graves, Dietitian at Lakeside Hospital.

Miss McKenzie, Asst. Principal of Chesterfield School.

The prize was won by Anna Goldstein, seventh grade pupil at Longwood school, for the essay which follows:)

"THE CARE OF THE BABY"

We all want our next generation to be healthy men and women. Therefore we should start when they are babies and take proper care of them.

The babies' food has much to do with their health. Mothers' milk has been provided for babies' food. Many times it is impossible for the mother to nurse her baby, pure cow's milk properly prepared should then be given. Every mother should try to nurse her baby. Breast fed babies are far healthier than bottle fed babies.

A baby should never be given any patent foods. People manufacturing patent foods make them for the money they will get but not for the babies' good. The pacifier is also bad for the baby. It not only carries germs but deforms the baby's mouth and teeth also.

A baby should be dressed according to the weather. Little babies like to squirm and kick. Their clothing should be loose enough for them to exercise their little limbs. The baby's skin is very tender and clothes with large buttons or seams hurt them.

Every mother wants her baby to be well and have a sweet smell of cleanliness. In summer a baby should have a bath in the day time and a sponge bath before bed time. In winter it should have a bath daily. This keeps the baby's skin healthy and fresh. The baby's bed clothing should be clean. In making the bed the mother should be careful to see that there are no creases in the bed clothing.

I was in our neighbor's house last week. Their baby is nine weeks old. The mother nurses the child every time it cries. The baby probably cries because it is over fed. The baby's little stomach can't hold all that food. I told her not to nurse the child every time it cries and see if the baby will be more pleasant. If that baby had a set time for each nursing it would be a much happier and more contented

baby. A baby that has a set time for each nursing will even wake up at that time to be nursed.

Many mothers bounce their babies up and down after their meals. I wonder if such mothers would like to be bounced up and down after their meals. They would feel about like the baby feels.

A young baby sleeps a great deal. The baby should sleep by itself and in a separate room. It should not be put facing a strong light. Small babies form habits very quickly. If a mother starts rocking the baby to sleep, this usually becomes a habit and it won't go to sleep unless it is rocked every time. It should be left alone, as it will sleep whenever it wants to. It should be awakened for its feedings.

Every baby should have plenty of fresh air. Babies that have plenty of fresh air have rosy cheeks and sparkling eyes and are usually happy and contented babies. The baby should be taken out in the daytime and allowed to sleep out at night if the weather is good. It should not be taken out on wet or foggy days. If it is too young to be taken out, it can be put into a room with the window wide open and its street clothes on.

If the baby cries see that it is comfortable and not in pain. Then let it cry as much as it wants to. This is nature's way to help expand the babies' lungs. This is just a short outline of the proper care of a baby. If it is carefully carried out we will have fat, healthy, rosy cheeked and bright eyed babies. A fewer babies will die during the hot summer months.

Children Between Two and Six

"FALL RIVER"

There are no children between two and six on the sociological map.

There is the baby. We all know the baby, favorite stalking horse for every good cause under the sun. Beloved by us all, he is doubly dear when he ceases to be a live problem for the Public Health Nurse and becomes through early death a "significant consequence" or a "sensitive index" in the mouth of the platform orator.

Then there is the school child. Is there any one of us who has not heard of the school child? The sociologists have discovered a great deal about the school child in the last few years. They have discovered that he exists, for one thing. There are apparently a great many of him. It has been noticed that he does not always get enough to eat, and that he eats as a general proposition the wrong sort of food. It has been noticed that he does not get enough fresh air. It has been noticed that he does not get enough exercise. It has been noticed that he does not get enough recreation or play, and that as a general proposition he gets the wrong sort of recreation. It has also been noticed by a few observers that he doesn't get enough schooling, and that as a general proposition, what schooling he gets is the wrong sort of schooling. Under the glare of this publicity, the poor school child is apt to look sick. The sociologists tell us that he is sick, many of him, most of him, and that does not seem unreasonable if you will agree with the previous observations. The community has become greatly exercised about the school child, and doctors and nurses have been rushed to his assistance. The school nurse is in many communities as well thought of as the policeman. She has ceased to be a fad, she is an institution. A school child must have a school house, a school teacher, and a school nurse, because he is a school child. It has become obvious

to a great many tax payers, though not to all, that from six to sixteen, for the good of the state, citizens are entitled to free nursing service if they require it, and free medical advice. They are rather compelled to make use of their privileges, too.

The community is almost feverishly interested in the infant. He also has a nurse of his own. He calls her his Welfare Nurse, or his Milk and Hygiene Nurse, or his Station Nurse, or his Clinic Nurse, or anything that is his. This nurse, you understand, is a proprietary article. She is the Infant Nurse. If she has ever seen a sick adult, she may as well forget it. She will henceforth deal with no one older than the age of two. Where the sympathies of the community are more eclectic, she will not be allowed to serve any patron over one year old.

The baby has his special nurse, the school child has his special nurse, the adult has a whole lot of special nurses for himself, alone. From the cradle to the grave, we stand guarded, for fear we should reach our destination ahead of time. Except from the age of two to six. Nobody loves us from two to six, nobody writes books about us, nobody puts us under the sociological microscope, nobody cares. It seems sad.

When asked to write an account of community child life between two and six years, I naturally looked up the topic "Child Welfare," in the local public library, and found as I have stated above. There are theoretically no children between infancy and six years old. I was forced to turn from learned literature. I repeated sternly to myself, "There must be children between two and six in Fall River at least, because there are school children in Fall River and there are babies in Fall River and one turns into the other somehow. They cannot be utterly unrelated." The main thing was to find out where these nondescript and seemingly unimportant little creatures were kept. Were they all so healthy that no nurses were ever called to their rescue? Was it so easy to rear a child from two to six

that all the mothers in the community were capable of the task single handed and alone?

One thing I knew to start with. They did not figure largely on the death register. Some persons in the community stoutly affirm that few children die between two and six because they all but a few die under a year old. And a survey of the infant mortality in Fall River, just published, does show that out of over 800 consecutive births, only about 500 were left in Fall River at a year old, while a few more of these died promptly after reaching the age of one year. But these 300 odd infants did not all die. Many merely left town for terrestrial destinations. And while the infant mortality of Fall River is high and the infant exodus from Fall River is surprisingly large, the fact remains that every school house in Fall River is "filled to capacity," and motoring through the streets of Fall River outside of school hours is a dangerous occupation. I was going to call it a dangerous pastime, but if it is, the pastime belongs entirely to the children in the street, and the danger entirely to the nerves of the passengers in the car. I saw a tow-headed urchin of three years and a scarlet frock, stand directly in front of a seven-passenger touring car, yesterday, and state calmly, "You dasn't run over me." He was quite right. I dasn't.

Our infant death rate is high, and our school children are afflicted with many and grievous diseases, according to the school doctors. Were all sickly infants killed off in infancy, and were the remaining children robust until they began the study of the alphabet? This really seems to be the subject of this paper.

I asked a school teacher if she ever had children under six years. She was a primary school teacher. She said she tried not to. She said the legal age for entering school was five years, but the school teachers discouraged the practice of such early entrance, and no truant officer had been known to enforce attendance under six or seven. They might be in the kindergartens. Yes, but most of the chil-

dren in Fall River did not go to kindergartens, for one thing there were not enough kindergartens to accommodate all children between two and six. Were they in the play grounds? The play leaders would know. Well, some did come to the play grounds, but it was hard to know what to do with such very young children. Babies were different, they could be kept in little swings, or baby carriages—yes, I know the feeling about babies. I was learning the feeling about children from two to six. I went to the local hospital. Were there children from two to six in the wards? Oh, yes, but they were such a nuisance, so active, and so unreasonable, and so noisy! Of course, they were being given good care, but I fancy it takes special aptitude to love to be a children's nurse. It was suggested with much more enthusiasm that I look into the crèche. The dear little babies looked so cute, and they were all asleep. Yes, I said I knew how babies looked, but I was not looking for babies. One little boy of four years old, in the children's ward, was lying in a plaster cast, with one leg tied up in the air exactly at right angle with his bed. It was an orthopedic case. I asked him if he wanted anything. I should, in his position, have wanted to murder the people who were keeping him there, but he was not revengeful. He whispered he would feel better if he could have a spotted dog with a curly tail to keep in his bed. I asked the doctor if it was necessary to torture such very little mites. He said that only between two and six were the bones supple enough to make such operations successful. I gathered that from his point of view the whole city of Fall River might be full of embryonic cripples, little children between two and six, who ought to have their backs and their legs and their arms, etc., straightened immediately. It would be too late for most of them when they were old enough to go to school and confront the school doctor. Their bones would have hardened. "We want them from two to six," said the doctor.

"And why don't you get them?" I asked. "Nobody else wants them."

Because they are too young to complain intelligently, of course too young to ask for treatment, and because the average parent, rich or poor, does not know when his child is in need of medical or surgical care, unless the need is very obvious. Orthopedic defects are usually far from noticeable to the untrained eye, at so young an age.

So at last I had found a place where many little children from two to six ought to be, a place where they were wanted. The children's ward. "Who had sent little Peter to have his leg tied up in the air?" Why, one of the district nurses. She was in the house taking care of a new baby when she happened to see Peter with his clothes off and noticed his back wasn't quite right. She told his mother to bring him up to the hospital to the children's clinic for examination. Who sent the rest of the children? The district nurse. And I noticed the ward was full.

Down I went to the District Nursing Office. I persuaded the superintendent to let me ask a few leading questions of the nurses waiting to go out on their cases for the day. I discovered that every one of the nurses had under their care, children between two and six. Because in Fall River we have not specialized nursing. All of our district nurses are general nurses. And the rest of this article will be really nothing more than a plea for general nursing in every community, made on behalf of the babies who are begging not to be abandoned on their second birthday by their best friend, the infant nurse. I speak in the name of the baby first, to touch your feelings. But in the name of the overworked school doctor, the distracted school teacher, the discouraged physician specializing on orthopedic cases, most of them brought too late to give skill and devotion half a chance. I beg of you all to let the school nurse begin to watch over the school child before he enters the school, that he may arrive at school age with good eyes, good teeth, good ears, and a straight spine. Give the school child fresh air, let him eat if he is hungry, provide him with organized play and disorganized lessons if you desire, but

give him above all, a chance to begin his education in good physical condition. Between the ages of two and six there can be found the origin of many a malady now attributed to the devastating effect of too close application to the alphabet and multiplication table.

Give our scholars a school nurse, give our babies an infant nurse, but give our children from two to six a nurse also. And why not consolidate? Why not let Miss Brown, R. N., be a baby nurse until Peter reaches two years, and then turn into a school nurse, when Peter goes to school. She need not stop working in between. Let her on the contrary, stick closely to Peter. It does not seem unreasonable. Peter's mother is not a brilliant woman. Yet she took care of Peter when he was a baby, and she took care of him when he was three years old. She did not turn him over to a new mother when he had to be short coated, nor again when he put on long trousers. By the time Peter was a grown man, Peter's mother had gotten up quite an interest in Peter. Scientists tell us that mother love is greatly increased by proximity, and by personal care for the child. It is not all instinctive. It increases with practice. A nurse is a woman primarily, and as a woman, and incidently a nurse who has received three years or more careful training in general nursing, she meets Peter the day he comes into the world. She has previously talked about Peter with his expectant mother, and wondered with her if it is going to be Peter or Mary. When she learns it turned out to be Peter, she is interested. Having known the family while it was getting ready for Peter, she is qualified to pass judgment upon Peter's likeness to his father, especially about the chin, you know, and also she is permitted to give a few decided opinions upon the care Peter's mother seems to be getting, and upon her personal habits. She would listen to much family gossip while she bathes the baby, and if she cannot make out a perfect family history card at the end of ten visits for after care, then who can!

If Peter gets the whooping cough at one year eleven months old, shall Miss Brown, R. N., visit him zealously for four weeks, and then abandon him because he is two years old? Abandon Peter? Naturally not. He is her own baby. When is a baby not a baby? Why, never, to his mother or his nurse. He may become President of the United States, but his mother and his nurse remember how he looked the day he had his first bath, and the day he had his first ride in a perambulator. They see him still, in a white lace cap with pink ribbons, and they can admire him no more at the height of his powers, with a nation in applause, than they admired him on the day when he ate his first baked potato, or learned to lisp his own name. So why take Peter's nurse away from Peter when he is two years old? A new nurse may know more about ordinary two-year babies, but she doesn't know more about Peter or Peter's family. She didn't see the first tooth the day it came through! No, and Peter's mother may be civil to a new nurse, but she will never believe there was any sense in changing nurses when the first was doing so well. Adenoids may as well be removed before school age. Miss Brown, R. N., looks Peter over carefully every few weeks for signs of adenoids. He doesn't seem to enjoy his food? He looks thin. Yes, so he does. The children's clinic and the children's specialist for Peter, at once. The mother knows perfectly well that Miss Brown, R. N., loves Peter, and admires him. She has seen her love him for three years steady. So there can't be any interested suggestion in the advice. Besides, Miss Brown, R. N., is not a "regular nurse, always sticking her nose into everything and putting it down on a card. She does do regular nursing, yes, "but," says Peter's mother, "she comes in to see me because we are friends and she is fond of Peter."

It happens to be true. It will always happen to be true. If you will let Nurse Brown or Nurse Green or Nurse Sullivan have complete oversight over a mother and her baby for three or four years, and listen to her reports on

that family every little while, you will perceive that at the end of that time every resource in the community is being used for the benefit of that family group, and that Nurse Brown does not intend to let anybody or anything interfere with the good health and happiness of the baby whom she has guarded so zealously for so long a time. An epidemic of whooping cough is an indefinite evil, to be deplored. It is a "wicked shame," because "little Peter may get it." The development of a play-ground in the neighborhood is "a desirable form of civic betterment." "It is going to be such a good place for little Peter to play in when he gets older, because he hasn't any yard, he lives upstairs." Civic problems, state laws, are all viewed in the light of their possible effect upon little Peter, little Susie, and baby Angelina.

Are the general Public Health Nurses trained in social service? We hope so; to a certain extent it is necessary that they should be; but we find that it is the need of the individual which awakens in the minds of our own district nurses a sense of the deficiencies of the community in particular and of our social organization in general.

I seem to be straying from my topic. But I am trying to show that after the nurse, acting with the above spirit, has watched over Peter up to the age he enters school, there can hardly be a chance that the school doctor on his first tour of inspection will find anything wrong with Peter. And suppose all the little Peters in the class had been watched over by Nurse Brown, R. N., up to the day they went to school—how many school children would have had to be turned over to the school nurse in the primary grade! I venture to think very few. When defects appear, eyestrain is noted or a suspicious rash, to what nurse should little Peter be reported? To a new Nurse, knowing nothing about his constitution, likely to be regarded with suspicion by his mother? No, indeed! Back to Miss Brown, R. N., his card should go, and he will be attended to! As a hen attends to her chickens so will Miss Brown attend to her own school children.

In Fall River, this system is followed. The district nurses receive all school cards made out by the school doctors, where the parents are negligent. Therefore, each family in the community, already allotted to some district nurse, sees the same nurse coming in through the door in pursuit of a school child, that it has formerly seen when it suffered from a broken leg, a new baby, or a case of typhoid. No matter what the need, it is always the same family friend dropping in to help out by giving care or in explaining the mysterious ways of school teachers and doctors and boards of health. The defect of this scheme is shown by my own experience. When I asked the nurses to tell what they knew about children from two to six, they found it hard to reply. They were so used to thinking in terms of personality, that they couldn't quite remember their patients by age classification. Peter was not an infant, or a school child, or a nondescript between two and six, he was just Peter. But out came the note-books and upon reflection, all cases were ready for rehearsal. There was an avalanche of information. I could give you a regular Sunday Supplement Questionaire, if it were desirable. The concensus of opinion was as follows: The greatest foe to children between two and six is whooping cough. Deaths from whooping cough begin as early as six months old, increasing for a time, then growing less as the children grow older; the number of cases not diminishing, but increasing and raging most viciously between two and six. The obvious fact is that little babies die of whooping cough and its kindred subsequent effects, while children a little older get the same subsequent effects, and sometimes die, but more often suffer from these effects all their long lives. The doctors do not seem to think death the greatest evil brought in the train of whooping cough, though mortality from this disease alone is pretty high in Fall River. They fear rather the diseases from the respiratory organs which follow whooping cough, and the effect upon the heart, etc. There is nothing done in Fall River, there is little done anywhere, to prevent the spread of

whooping cough. The teachers have permission to send a child out of the school building if he seems to have whooping cough, but our children between two and six seldom try to enter school buildings, with or without. The school child is told to go home, but he usually wanders about the street spreading this truly serious plague. Every spring our healthy children catch this contagion and some of them, after six weeks or more, emerge from its clutches weaklings for the rest of their lives. I am putting this too strongly? The nurses do not think so. "You will remember that dear little Ostapow baby of mine," says nurse Brown, "you know he was absolutely perfect when he was born, and his mother took such good care of him, and fed him on the breast for nearly a year! I taught her how to cook oatmeal, and how to make whole wheat bread, and she bought a little ice chest for his milk, and at two years old he was the dearest thing! His mother was not able to speak a word of English, but she was so fond of her child that she would do just anything. And then that child got whooping cough, and now his lungs are affected and the doctor thinks there isn't much hope. Whoever gave that baby whooping cough has a lot to answer for!" You see it is the waste, the wanton waste of perfectly good children that is so appalling in the whooping cough problem, and whoever can devise a scheme for eradicating whooping cough will do more for our children between two and six than he may realize. Measles are a close second to whooping cough. The board of health does not placard the house where measles are known to exist but the disease is somewhat under control. Though it is by no means as well under control as diphtheria, which is hardly more than a negligible factor in the life of the infantile community of today. Whooping cough is not placarded. A child with whooping cough is a usual sight and sound in any moving picture house, any afternoon in the week, while all of our best shops display whooping coughers in the aisles annually between March and the close of the summer season.

Since we cannot at present eradicate whooping cough,

but merely mitigate its consequences by instruction in the homes where it occurs, what shall we attack to ease the lives of our children from two to six? Well, bad feeding, perhaps. The feeding question under a year, in Fall River, is pretty well answered with our knowledge that most mothers feed their children on the breast, either entirely or partly, for nearly a year. Where they give them artificial food, they give them so many other handicaps, such as tuberculosis, syphilis, weak hearts, whisky, general debility, and a poor start from birth, that bad diet merely caps the climax, as it were. But when the infant reaches ten months or a year, the trouble begins. It is not trouble with the milk. Our milk supply is pretty good. All the reputable milk men are willing to deliver milk in glass bottles to the kitchen door of any family in town—no matter if the family has a kitchen door at the top of two flights of tenement stairs. Free milk can be had upon proper application to the district nurses, of course. It isn't milk that our children from two to six are bothered about. It is beer, it is whisky, it is gin, it is coffee, it is tea, and it is bad ice cream. "A hot drink," or a "sup out of the can," is such a delightful and indispensable part of a day's pleasure for some parents, that it is almost impossible to make them understand the need of total abstinence from two to six. Such children will drink anything, of course. As I write these words, my sister interrupts to tell me that her son, age two and a half years old, has just taken a drink out of the kerosene can. I do not wish to imply that kerosene is our family tipple, I merely wish to point out that the powers of natural selection of wholesome diet are not fully developed between two and six years old.

School children eat all there is in sight, usually. Grown men eat all they want. Babies scream when not fed, and can hardly be cuffed into silence with impunity. But children from two to six take what is left. They have to. No special diet is prepared for them in the tenement kitchen. Fried steaks, fried potatoes, white bread, and hot coffee,

and then perhaps a bit of pie, form a family diet varied occasionally by cabbage and onions. Or take your choice, and select for a warning the Italian family with spaghetti seven days a week. If the father of the family does not care for cereals, then the boy of three cannot have them. Fruit means bananas—usually green.

Now, any child who has survived infancy and whooping cough in good condition, is pretty tough. He is apt to live along, somehow. But his bad diet has a disastrous effect on his bones, if not on his stomach, and if our nurses would concentrate a little more upon the dinner plate of the child under six years old, even at the risk of taking the eye off the milk bottle of the baby for a moment, I feel sure we would have less need for orthopedic surgery later on.

In Fall River, we have not done much toward rectifying the feeding of children between two and six. We only know it should be rectified. The general standards of cooking and selecting food are so bad throughout the community from a dietetic point of view, that it will be impossible to give three-year-old children proper food until the community mothers are taught the simple rudiments of wholesome and appetizing meals for the whole family. This is naturally work for the settlements and the visiting housekeepers, and it is slow work as all educational work is bound to be.

As is usually found to be true of all arbitrary divisions, infants between two and six suffer from the same community defects that the rest of us suffer from, though they may re-act in different fashion. Unquestionably, bad food between two and six is largely responsible for chronic stomach troubles later on, and only tortured sufferers from nervous dyspepsia can tell us what it means to have a digestive apparatus that will not work. The habit of eating bad food, and of craving bad food, is one easily formed in childhood, and not easily shaken off.

Briefly, then, we may state that our children under discussion should, in some unknown fashion, be protected from

whooping cough and measles and bad diet. Failure to protect these children from these three plagues will result in sickly school children and inefficient adults.

We should add that even the most careful diet will not save all of these children from slight deformities of the bones. It should be the duty of the community to see that these deformities are sought for while they are still slight, and corrected while there is yet time. This search should be made between two and six, by the visiting nurses. All children suspected of any abnormality or defect, however slight, should be referred to the proper clinics or to the family physician, and the advice of the doctors should be followed at once. This is not done thoroughly in Fall River, or anywhere else as far as I can ascertain. The public is not yet convinced of the ultimate saving of expense which routine inspection of little children would bring about. But we are all getting educated together, the mother in the tenement and the director on the charitable board.

There is another phase of child life between two and six which should not be overlooked. My nephew, aged two and a half, escaped from his mother for a moment the other day. Out she ran, and I followed, only to find the boy holding a life-sized axe above his head. A log of wood lay near the door of the wood shed, and it was the evident intention of my nephew to split wood. He wore a white dress, and his expression was guileless as his clothes. He had done nothing for which he should be scolded. Other men split wood, why not he, at two and a half years old?

"Children from two to six ought never to be left alone a minute," said my wise sister decisively, as she sat down on the tool house steps and showed her small son how to throw corn to the chickens.

Now, it may be true. But if you are the house-mother, you have got to stay in the house, and if you are a child from two to six you ought to stay outdoors. The nurses say this is really a serious problem in the proper nurture of children between the age of the perambulator and the

age of the school room. There is an institution called the "little mother," which has reached the ear of the sociologist. Personally, I don't think well of "little mothers." I was a "little mother" once, myself, and my sympathies are still with her rather than with her charges. But, judging from the same intimate point of view, I honestly think the charges would do better under a big mother with a less experimental attitude toward life. We have a worse institution than the little mother to cope with, however. You can find any cold day in winter as you go down the streets of the city, little white faces pressed mournfully against the window panes. They gaze wistfully out upon the world at large. They are the children between two and six. Their fathers and their mothers are out working by the day. A huge fire has been made in the kitchen stove, to heat the air of the kitchen and bedrooms, already foul from having been used for sleeping purposes and kept unventilated all night. Extra precautions are taken to fasten down all the windows very tightly, so that the child can't fall out, and the cold can't get in.

What does Peter do?

Well, he looks out of the window. Usually he doesn't try to play. He sits in the close air, and turns into a pale, anemic child, bow-legged from bad diet rather than from forced exercise—mournful, ineffectual, cowed. Tuberculosis finds him a ready victim. But you quite misunderstand the situation if you are wasting any sympathy on Peter's mother, forced to leave poor little Peter all day! She prefers to work in the factory, rather than in the home, that is all. One brings in money. The other merely saves money brought in by the husband. The labor is about equal, and the amount contributed to the family support is as great either way. Peter's mother simply prefers factory labor, to equally hard labor in the home, that is all. She does not intend to manage on a small income. She hates to cook and sew. She can, with her earnings buy clothes and food, already made, and she does so. But she cannot buy health and strength for little Peter under this system, and in the

name of our children between two and six, I implore those of you who influence public opinion to accept the testimony of our visiting nurses in a factory town, and stop sympathizing with the poor mother forced into the factory to buy food for her children. She does exist. Sometimes Peter is illegitimate, sometimes his father is in prison, sometimes he has run away; but where the family is normal, and the father is willing to work six days of the week, our nurses are quite frank in stating that there is no financial necessity for the mother of the household to work for wages, but a very great moral and physical necessity for her to work hard at her proper business—rearing little Peter as well and economically as possible.

This means that she must be educated in a sense of true values of life. It means that she must come in contact with persons who condemn her behavior instead of pitying her hard lot. Our nurses tell me that it is perfectly possible to reason with many such mothers, and that it is possible to prove to them conclusively that wage-earning for the house-mother is expensive at any price. Many a mother has been detached from mill life, and taught wiser expenditure of her husband's wages than ever she dreamed of before. But again, this is a matter of education, and education is expensive. The public is willing to educate the school children free of charge, but to educate the mother of the school child seems extravagant.

You may say that the mother had her share of education when she herself was a school child, but in these days of immigration that is untrue of over half the mothers in a community like ours. However, I gather the nurses are not despondent. They know what they want to do for the children between two and six, and why.

They know they are doing much of what they ought to do, and that some day they will have time enough to do more.

They have a modest program. They want to make all the homes in the city suitable residences for children be-

tween two and six. This would not make them unsuitable for the rest of the family. Then they want to have time enough, eyes enough, ears enough, first to visit all these little children frequently and to detect and isolate all cases of contagious disease before it has begun to spread throughout the community. Second, to visit all these little children often enough to detect all malformations, and deformities in their earliest stages, and report their possible existence to the doctors. Mothers who are not professionally trained cannot usually detect these things, until they are serious. Mothers who are not ethically trained are apt to permit their own children to infect other children with whooping cough and measles at their own sweet will.

For these two contingencies, the personal inspection of the nurse will probably always be needed. But it is probably true that our mothers can be trained to provide all the rest of the care that children between two and six are likely to need.

These are the facts I have gathered together regarding our community child life at an early age. It is not an exhaustive study, but if it helps to prove that children between two and six do exist and are a definite menace to the well-being of the community, if neglected, this study is not entirely without value.

Health Leagues as an Aid in School Medical Inspection*

S. Josephine Baker, M. D.

As a phase of public health work, the control of the hygiene of the child, including school medical inspection, differs in two important particulars from practically every other comprehensive effort to better health conditions and to prevent unnecessary morbidity and mortality.

In the first place, in child hygiene work, we are dealing with an age group; all other health activities have a specialized object. This may be the control of tuberculosis or other infectious disease, the improvement of sanitation in general or in specific instances, the supervision of food supplies or the control of milk production or distribution, but in all of these the emphasis is definitely placed. In the health control of children we have a type of activity that passes from specialization to generalization, for the factors influencing this age group include every interest and activity that governs health. Health work for children must be considered primarily as specialization in life itself.

Assuming, as we may in the light of our present knowledge, that the success of all public health work depends upon prevention rather than correction, the importance of our age grouping becomes apparent and we are led to our second consideration. In child hygiene we are dealing with the individual in the formative stage of mental and physical development. Constructive health work is possible as at no other time in the life cycle. If

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*Read at the Annual Meeting of the Medical Inspectors' and Physical Educators' Association at Buffalo, N. Y., on April 28, 1915.

we can control the mental activities and the physical status of the child from birth to adolescence and bring the child to the latter point in good health, with a knowledge of right living and sanitary and hygienic conditions that make for health, coupled with a desire to demand that such conditions be continued, the chances of contracting disease in later life will be reduced to the minimum compatible with what may be called "the normal duration of life." As a result of our efforts along this line we have already seen a great reduction in the morbidity and mortality of children, particularly in infancy and early childhood. The inevitable outcome in the next generation will be a corresponding reduction of adult morbidity and an increased duration of life. In childhood we have the most plastic and receptive material for our efforts to increase the healthfulness of the race, and in the group of children from five to fifteen years of age we have, through our systems of school medical inspection, the opportunity of making public health work preventive in its most effective aspect by the formative character of the material given us to work with. Constructive child hygiene work, as expressed through medical inspection or through any form of health activity directed towards any period of child life, offers the greatest opportunity for effective health betterment at all ages that has yet been devised.

School medical inspection, so far as it has become systematized, has fallen naturally under several subdivisions:

1. School sanitation and hygiene, including the construction, equipment and maintenance of school buildings.
2. The hygiene of instruction, including the adjustment of the curriculum to the health needs of the child.
3. Direct instruction of the child in hygiene.
4. Health supervision of the child, including
   (a) control of contagious diseases;

(b) prevention and correction of physical and mental defects by maintenance of correct standards of general and personal hygiene in the school and in the home.

There is great need of emphasizing the importance of all of these factors, great need of standardization of methods and even greater need of a realization that the type of school medical inspection that neglects to offer more than a superficial and routine inspection for the detection of contagious diseases and examination for physical defects is unworthy of serious consideration. Such systems are really a waste of money and effort, and are even harmful in that they give the community an unwarranted sense of self-satisfaction while the child is rarely permanently benefited, and the net result is usually the compiling of wholly superfluous statistics. It is of great importance to adjust and control all of the conditions of the school and its conduct that in any way influence the physical or mental health of the child; it is of even greater importance to adjust and supervise the hygiene of the home as it relates in any way to the child, but it is of supreme importance to realize that the child itself is the object of our efforts and that individually it must be supervised, directed and taught the importance of health and the way to attain and preserve it.

From a review of the literature of school medical inspection and from a personal experience in charge of what is probably the largest system of the kind in existence, I have been brought to a realization of the many defects in our present procedure. Lack of standardization of records and methods is an evil that must be corrected. Too much emphasis on the statistical rather than on the human element is still prevalent, but possibly the most costly and wasteful mistake we have made is our failure to recognize that the child is not only the person we are working for, but that the child must be taught to work for himself. Dr. William H.

Allen, in his book on "Civics and Health," refers to the two methods that may be employed in public health work as "doing things" and "getting things done." It seems to me that in systems of school medical inspection we have employed the former method without realizing that the latter is cheaper and incomparably the more efficient.

With few exceptions, this method of "getting things done," by stimulating the children to work for themselves, has not been employed as an integral part of our systems of school medical inspection or health work for children.

In New York City we have an insufficient appropriation to cover the amount of health work that insistently demands attention in our schools. This is particularly true with regard to the appropriation for the nursing force. Although we have an average of two nurses to each physician, follow up work in the homes, coupled with the increasing demands for medical and social work, both in the schools and in the home, has made it impossible for the nurses to do sufficient educational work, to obtain proper treatment and care for the number of children who are examined by the physicians. There has been great waste of effort, here, in our habit of "doing things." It is distinctly uneconomical to have a nurse make from two to ten home visits upon a family in order to induce them to obtain glasses for a child, when the main reason why such glasses are not obtained is that the child objects to wearing them. It is equally uneconomical for a nurse to make frequent home visits and to spend much time in school, teaching children how to keep clean or to free their scalps from pediculosis—that ever present scourge of school life—only, when the object has been achieved, and the child is clean, to have the condition recur in as bad a state as ever within a few weeks.

It is improbable that the city or state authorities will ever grant the amount of money that school hygienists feel they require for the proper conservation

of the health of the school child. It would seem, therefore, that our energies must be directed towards procuring more efficient work with the material we have rather than in wasting precious years in repeated failures to obtain the large appropriations we feel essential. Just how to increase efficiency along this line has remained a problem, although sporadic attempts have been made from time to time to interest the children. It was really through the efforts of one of the nurses of the Bureau of Child Hygiene of the Department of Health of New York City that at least a partial solution of our problem was reached.

In the fall of 1913 the Local School Board of District No. 13 in the Borough of Manhattan, organized an "anti-pediculosis campaign." The District Superintendent made plans for bettering the co-operation between the Department of Education and the Department of Health in combating the prevalence of this condition. The Department of Health carried on a vigorous campaign in accordance with the plans which it had maintained for many years. The results were neither encouraging nor effective.

The principal of Public School No. 76, on becoming interested in the campaign, at once consulted with the school nurse, Mrs. Louise Pasquay. The latter determined to use the idea of organizing the children themselves to meet the condition. In this school, therefore, was started, under this nurse's direction, the first "Health League." Since that time the idea has spread with much interest and enthusiasm on the part of the school doctors and nurses, principals and teachers. Leagues are being rapidly established in other schools and at the present time there are sixty-six in existence in New York City.

The government of the leagues is elastic, varying to suit the needs of the individual locality or the characteristics of the children, but the fundamental idea underlying all of the organizations is that the children

are to be fully responsible for the government and the conduct of their league, that its appeal is to their self-respect, for themselves, their class and their school, and that the children, through self-government, are responsible for the cleanliness and health conditions and habits of all the pupils. The idea is not strictly analogous to the self-government of the school cities. In such school cities we have a health commissioner who is mainly concerned with the sanitary condition of the school and its surroundings and the general sanitary and hygienic condition of the school building. The health leagues, however, are primarily concerned with the individual health of the pupil. In general the organization is as follows:

Each class elects two representatives to a general body. These two class representatives are designated as Class Leader and Secretary. They meet the nurse once a week for instruction and to report results obtained during the previous week. Each morning, the class leader inspects each child in the class to determine conditions of cleanliness with reference to clean clothes, clean face and hands, clean scalp and well-brushed teeth. A record of the conditions found is kept by the class secretary, the teacher acting as arbitrator in case of any dispute.

Before the first inspection by the class leader, the plan is explained to each class, a thorough routine inspection of each child in the classroom is made by the school doctor or the school nurse. A record is kept of every child that needs attention, as far as personal cleanliness or the contagious eye and skin diseases are concerned. All children found in any degree physically defective are referred to the school doctor for special examination. Each child is informed of the nature of his or her defect or disease and the information is also given to the class leader. The nurse gives frequent talks in the classroom on personal hygiene in order to stimulate the children to help themselves in obtaining health.

Each classroom is provided with a white banner or pennant stamped in gold letters "Hygiene." The pupils are informed that each class in which cleanliness is strictly observed and where all physical defects are either under treatment or have been treated will receive a gold star to be placed on the pennant. In classes showing a certain number of failures to observe proper care, but where the intent to do so is manifest, a silver star is placed on the pennant. In classes where the children seem indifferent and show little, if any, improvement, a black star is given.

Once each week or once each month, dependent upon the number of children under her control, the nurse makes a routine inspection of each child in the classroom, awarding such stars as the children have earned. The co-operation of the school authorities has been shown in our work by the fact that the classes receiving gold stars are entitled to honorable mention from the platform at morning assemblies, and the leaders of classes securing gold stars are permitted to carry their class pennant at the assembly as a mark of class distinction.

Innumerable cases are on record where the nurse formerly had to make several home visits in order to induce parents to have enlarged tonsils or adenoids removed from their children or to have glasses fitted. Under the Health League idea, with the stimulus of class feeling and the desire for class distinction, the children have voluntarily had their defects removed, without any effort other than the receipt of the formal notice. It must be remembered that this result does not relieve the nurse of the necessity for all home visiting. Instruction of the parents is too necessary to be omitted and home conditions should always receive attention, but it reduces the work of the nurse in this regard to the minimum and avoids the reduplication of home visits made simply to reiterate the need for medical care.

Perhaps the most astonishing result has been the

improvement in regard to pediculosis. There are many abnormal conditions of health in children which must be regarded as serious and which form the basis of our procedure in school medical inspection but, certainly, there is no other type of abnormal condition which has been so persistent, which requires so much and such constant attention, and where our efforts have been so unproductive of good results as the occurrence of pediculosis. Here is a condition where any amount of supervision or "doing things" has no lasting effect. It is a condition where treatment must be combined with a large amount of self-respect on the part of the individual if the cure is to be permanent. The object of the Health League is to instill in the child just that quality of self-respect, which means respect for the body and its consequent health and cleanliness. The appeal to reason which is implied in any self-government proposition usually can be relied upon to bring good results.

When a half dozen children in any class are found to have pediculosis and the rest of the children are clean, yet where a black star or, at best, a silver star, must be awarded week after week because of the small handful, it does not take long for the group of clean children in the class to determine that the others must come up to their standard and the appeal to class spirit, as well as to individual good feeling, rarely fails. Therefore, in this one matter of pediculosis, which must be regarded as one of the worst forms of uncleanliness, the results have been particularly brilliant.

In one school in the most crowded section of the city, an inspection after the formation of the league showed eight classrooms with one hundred per cent clean hands, faces and hair. Before the organization of the league this was an unheard-of condition. In two other schools, the efforts of the leagues resulted in the children in seventeen and twenty-six classrooms, respectively, receiving one hundred per cent in cleanliness.

Three other schools showed the following reduction in pediculosis cases: from 971 to 247, from 1,182 to 630, and from 568 to 194. In another school, with a registration of 1,500, there were found 151 cases of pediculosis and 62 cases of contagious eye and skin diseases. Three months after the league had been organized there remained but three cases of pediculosis and no cases of contagious eye or skin diseases. As this seemed to be very near the ideal of abolute cleanliness, a celebration was held, with many of the city officials in attendance. The children conducted the exercises, which consisted of the reading of essays on health by different pupils, with quotations on health, hygiene and general cleanliness, tooth brush drills and, in addition, a little one-act play on "Modern Dentistry" was given, having been written by the children themselves.

In connection with this particular school, it may be mentioned that a graduate of the school—a woman who is now practicing dentistry—offered her services free of charge or at a very small fee, so that, in addition to general advice to the children on mouth hygiene, three hundred and fifty of these children have had their teeth treated and filled by this public-spirited woman dentist.

The history of the leagues in other schools follows similar lines and the results have been little less than marvelous. In many schools where the original inspection showed only sixty per cent of the children who might be called even passably clean, after the Health Leagues had been organized a few months, the percentage jumped to eighty or ninety and in many instances to one hundred per cent.

The possibilities of the Health Leagues are particularly great along the lines of their adaptability. Many of the leagues have given little entertainments or plays on health topics; they have, always under the guidance and with the help of the school nurse, elaborated schemes of their own for improving the health tone of the school.

In one particular instance—Public School No. 54, Manhattan—a most ambitious paper called "The Starlight" is published by the Health League. This paper would do credit to any organization. Innumerable instances could be given of individual health activities on the part of the leagues. There can be no question of their value in obtaining not only the aid but the interest of the children in the subject of health and inspiring them to live in the decent, cleanly and wholesome fashion which will be productive of the most beneficial results.

Through these leagues we may lay the foundation not only for present health but for health in the future, and certainly school medical inspection will have done only half its duty if it simply succeeds in correcting present physical defects in the children, considering its duty finished when school life is over. The real test of the efficiency of such health service must come in the attitude of the child himself towards health and wholesome living. I believe this to be possible only when the interest of the child can be aroused in the problem. This it is possible to do through the formation of these Health Leagues, with their appeal to the right instincts and self-respect that is inherent in every normal child.

The School Nurse as an Organizer

ANNA W. KERR

The development of Little Mothers' Leagues and Hygiene Leagues as part of the school nurse's work has brought into play powers which the nurses were not always conscious of possessing. The ability to organize is not reckoned part of a nurse's equipment, but in forming these leagues there must be some one to lead and direct. The "A, B, C's" of health and baby care are taught in kindergarten fashion, and the boys and girls are made to put into practice what they have been taught. To make them want to organize and form rules for self-government is where the nurse's power as an organizer is shown.

The Little Mothers' Leagues were designed to teach girls of twelve to fourteen years of age the care of babies, incidentally to fit them for future motherhood. In forming these leagues, the love of babies and dolls common to girls of that age, and their interest in clubs of any kind, may be counted upon. The leading part in self-government which they play, and the standards for admission to club membership, which they, in co-operation with the teachers, have created, are offshoots of these leagues.

The girls are brought together during the spring school term and addressed by the school doctor, in two talks of half an hour, on the object of the league, and a general outline of baby care is given. At the second, or organization meeting, pledge cards are distributed, to be signed. At subsequent meetings, the pledge cards are collected, the members then elect their own president, vice-president, and secretary, the doctor and nurse being honorary president and vice-president, respectively. In addition to the pledge cards, embossed certificates of membership are given out, and small badges bearing the

motto "Little Mothers' Leagues" are distributed after six meetings have been attended.

The meetings are held weekly during summer, in different places, such as school houses, public libraries, milk stations—in fact anywhere that the equipment for a demonstration can be gathered. In one league, held on the roof of a public library, the librarian collected what she called the "Little Mothers' Shelf" of books, for their use only. Everybody is interested, everybody helps.

The subjects of the twelve lessons are:

1. Growth and Development.
2. Teeth—What to Notice in the Baby.
3. Bathing and Value of Water.
4. Fresh Air.
5. Sleep and Quiet.
6. Clothing and Cleanliness.
7. First Care of Sick Baby.
8. Milk.
9. Feeding.
10. Care of Milk and Bottles.
11. Modification of Milk.
12. Barley Water, Rice Water, etc.

These lessons are accompanied by practical demonstrations, necessitating an outfit that would include the subjects mentioned. The demonstrations must be technically correct, and each article of dress and each step in a baby's bath or feeding must be repeated by the girls. Quizzes are given on the preceding lesson at each meeting, and the girls are encouraged to write essays on what they have learned.

The success of the league depends on the initiative of its founders. Sometimes the teachers take part and instruct the girls in parliamentary procedure, for the meetings are conducted in most businesslike manner: called to order by the president, the roll called and the minutes read by the secretary, and motions are made, carried or amended.

The organization is varied; sometimes they are

divided into tens, with a captain of each, responsible for her unit. Some have committees and sub-committees—committees to give airings to babies, on canvassing for sick babies, on caring for neglected babies, on making baby clothes, on sending mothers with sick babies to Milk Stations, committees to act as interpreters, "clean-up" committees to see that ash-cans are properly covered, and to report any unwholesome condition that would affect the lives of the babies in the district.

A league that can keep up an attendance of over 150 girls throughout the hot summer days is considered successful, and such a one carried off the banner given last summer. But a league with only ten members in attendance is worth while, if the members are in earnest and there are babies in the home to be cared for. Each member of the league pledges herself to do at least one kind act for a baby during the week, and some time is devoted at each meeting to "experiences." A regular programme is arranged in some leagues—sometimes it is Mothers' Day, sometimes it is "Babies' Day," or there are recitations or plays, all turning on baby care and carrying pointed lessons.

The nurses testify to the nice feeling developed in the girls by a common-sense study of infant life.

The success of the Little Mothers' Leagues led to the formation of Health or Hygiene Leagues, and, though only in their infancy, they give promise of making the work of the nurses and teachers in the schools more effective.

To a busy school nurse, with her group of 4,000 or 5,000 children, the problem of how to follow up the individual in teaching personal hygiene is an ever-present problem. Class inspection only serves to detect special cases. The distribution of literature is a help, but the result desired does not always follow the carrying home by the children of instructional leaflets.

Visits to homes usually refer to the more serious business of the correction of physical defects. How

shall the mass of instruction given the children in school be driven home in the interval between the monthly visits of the nurse to the classroom? The Hygiene Leagues are co-operative efforts of the children with the nurse and teacher to improve standards of cleanliness in the classroom.

A year ago, such a league was started, having in addition to nurse and teachers, the co-operation of the local school board. From kindergarten to eighth grade, branches were formed, with a class leader and secretary for each branch, who met the nurse weekly for instruction. A system of rewards was instituted; each classroom received a white banner with "Hygiene" stamped in gold letters upon it; after each visit of the nurse to the classroom, a gold star for "perfection," a silver star for "improvement," or a black star for demerit, was placed on the banner. At the end of the school term, a remarkable showing in clean heads and teeth resulted. Correction of physical defects was also included in the programme of this Hygiene League, and it was a pretty sight to see the kindergarten tots carrying individual gold stars on small wands, signifying perfection.

In another school in the residential section of the city, the success of the league depends on the girls of the eighth grade, and it centers in their magazine, edited by themselves, called "The Starlight." This league is divided into tens, with a captain and a "reporter" in each squad, whose duty it is to interview offenders against hygiene laws. Every Monday there is a meeting with the school nurse—sometimes it is the whole league, sometimes the captains, sometimes one particular division—but everyone with reference to the follow-up of some case desired for the teaching of some principle.

These leagues develop a fine feeling for the school, the class, and the particular lesson taught. Bathing, the care of the hair, the care of the teeth, neatness, physical development—these are the topics dwelt on, and I can-

not do better than quote from an editorial in the recent issue of the Starlight."

"To those who have not made our acquaintance, we are ready to explain the good points which we strive to impress by our publication. The Star Hygiene League is the conception of one whose business it is to look after the individual physical welfare of the pupils of our school. By placing within easy reach the precepts of the league, we hope to interest each member to the extent that she may try to get others to take an active part in our organization.

"It costs nothing to look tidy and clean, both in and out of the classroom, and by glancing at the "Starlight" and taking advantage of the hints and suggestions, one can easily place herself on the proper plane of neatness and cleanliness."

Poems and stories deal with health topics. A Limerick Column publishes this prize contribution:

"There is a small girl named Luella
Who is heedless of what people tell her.
Her tooth-brush she shuns,
When she sees one she runs,
And now she is kept in the cellar."

This league and its method of work are indorsed not only by nurse and teachers, but by the mothers of the pupils, who have sent articles to the "Starlight" expressing their approval of the objects and method of the league.

Another league in a neighborhood in which the bathing facilities are not what they should be, and where a public bath has recently been opened, has made bathing its object for the rest of the year. Certain afternoons are reserved for the children, and the school nurse goes with them and teaches the pleasure and healthfulness of the bath. Each member is obliged to attend.

Sometimes the boys are officers, and they show marked improvement. With these leagues, must be some system of marking which adds to their school rating. A

blue bulletin board, with each class marked in white, the standing shown by gold stars for 100 per cent, and silver for 90 to 99 per cent, is placed on each floor of the school, and the weekly markings are eagerly watched for.

Nothing has made the teaching of personal hygiene by the nurses more effective than these leagues, and cleanliness has increased 50 per cent in the schools in which they flourish. Less time is spent, and a most encouraging result reached in teaching health habits and making the children choose to do the right thing.

School Nursing, Past and Present

Rose M. Foster

One who loves nature can imagine the thrill of a person who follows an unknown trail in a forest, can feel the sting of a branch as it strikes his face, can almost see the gasp he gives when his foot trips against a root.

Is it not something the same when one takes up a new work? We have the thrill of the unknown path before us. I know we often have the sting of disappointment at a mistake, many, many times our foot trips against a snag. We often wander into paths and have to retrace our steps, but we have the joy of getting somewhere and of doing some things by the way.

When I went into school work almost six years ago, this work was almost a new problem. Now the work is fairly well systematized and when a nurse is assigned to her division of schools, she is prepared to meet most of her problems. I had all the feeling of the pioneer when I was assigned to my first school. True there were two others in nearby districts, but we were all new to the work. We all knew visiting nursing, but not school nursing.

My school was in the midst of an Italian and Jewish settlement. All of the children having come over on the "big brat" but a year or so. The doctor was then employed by the Board of Health to look after contagious cases only, but he was very much interested in medical inspection and anxious to make it a success. The principal and teachers were eager to try out the new problem.

A place in the basement was equipped with a cupboard filled with a good supply of ammoniated mercury, sulphur ointment, larkspur, bichloride, tongue blades, applicators and a dressing set. Adjacent were six shower baths and the principal had insisted on a bath tub, for

a while at least. I started at the beginning of the fall term. Impetigo is occasionally met with in our general work, but here 25 or 30 cases were the daily average. The teachers had been having an up-hill fight against pediculosis. Of course, the doctor could exclude the worst cases, but if he excluded all of them, why the teachers would have very little to do. I remember one doctor in the district telling me that Jake's father had been to his office several times saying he knew his boy had something the matter with him. "He isn't like the other children." Previous examinations had shown a normal child. "What do you think is the matter with him," asked the doctor. "Why, my Jake has no bugs!"

Scabies was something rather difficult to find and it was not unusual for a teacher to get it from her children. The removal of tonsils and adenoids was something too dreadful to be thought of—"My child have an operation!"

Having the co-operation of principal and teachers, I had the freedom of the building at all times. A careful room inspection was made of the children. Minor cases of impetigo were treated in school dispensary. The pediculosis problem was met by talking to family groups, excluding only in extreme cases, visiting the home and showing mothers how to put on coal oil and hot vinegar. We talked of dirty ears and necks and the wonders of soap and water. Took the grimiest to the dispensary, showed them the difference between a dirty and clean one, made them look at their dirty faces in the mirror (a mirror is a necessity in every school dispensary), then gave them plenty of green soap and allowed them to wash themselves. It was always amusing to see the fuss the little boys made blowing and dashing water on their faces. The first time they usually came back with faces glowing, but ears and neck looking blacker than ever. We usually wound up by washing neck and ears for them, but they soon learned. Often in our routine inspection we noticed very stout little

girls and boys with exceptionally large bodies for the size of their legs. Such little ones were invited to the dispensary. Examination often showed seven dresses, a good beginning for the winter. A scissors was often employed to cut the stitches buttoning the back. With the boys a couple of sweaters and two or three shirts were not at all out of order.

The principal knew when she ordered the bath-tub a good soak and scrub provoked wonderful results. Of course we had to be careful about their taking cold afterwards and a great many times we followed the children home, explaining the uselessness and danger of too much clothing.

A few days ago, I watched the children from this school being dismissed; as they filed past, one could not help being impressed with the pride of bearing, the clean, neat waists and flying ties of the boys, the butterfly bows and starch dresses of the girls.

We had very great difficulty in having the first cases of tonsils taken care of. One of my first was little Joe. Every night now I buy my paper from him, a little brown-eyed Italian boy. Every night I am thankful he is there, for no one realizes more than I how near he came to death's door. A poor dwarfed little chap, behind in his work. He was one of the worst tonsil cases in the school. With infinite persuasion, I obtained permission of his mother to have his tonsils taken out. She came with me to the dispensary. With fear and trembling submitted her boy to go under ether. I had my hands full quieting her while the operation was in progress, and then we both sat beside Joe to nurse him back to consciousness. Soon his big brown eyes opened, but he lay there rather quiet and drowsy. The surgeon came, examined his pulse, saying, "His heart is a little weak, but he will be all right." Dusk came and still Joe lay there not wanting to stir. The people had left the dispensary. The lights were turned on. I looked at Joe's face. It was pale. His pulse, I could not find it.

I called the sister in charge. She ran to the telephone, I for a hypodermic. The house doctor came in, gave a hurried order and began working Joe's arms. The sister bent over him. His big eyes opened and he sighed. I breathed a long deep breath. The mother by this time began to realize something unusual was going on. As Joe was better, we quelled her fears. They wanted to keep him in the hospital that night, but no, he must go home. The doctor said if they could carry him, he thought he would be all right. The mother went out and came back with a dilapidated baby buggy. I saw Joe deposited in the depth of a deep feather bed; then I went home, my own heart beating faster than it should, for if anything serious happened to Joe, Medical Inspection would have had a serious setback and my career as a school nurse in that district would have ended.

The case that boosted us most was that of little Rebecca, aged 8, who was still struggling along in first grade. Her mother's only daughter, she was shielded from every wind that blew. If it looked like rain, Rebecca must stay at home, for she might get a sore throat. When I explained to her mother that her tonsils not only caused her sore throat, but were possibly the cause of her backwardness, she thought it over and herself took Rebecca to the dispensary. In the course of six weeks, Rebecca returned to school. Her work was easier. Her little hand was up, always ready to answer. She jumped to second and then 2-A and by June was ready for third. Her voice, so thick and mumbly, became clear and sweet as a silver bell. Now the mothers come to the Medical Inspection before their little ones start to kindergarten to see if the tonsils should be removed.

Our first poor vision cases were examined at the hospital dispensary, the Associated Charities and the Board of Health helping us to pay the cost of the glasses. Now we have school eye clinics for those who cannot afford to pay, and the hospital dispensaries have made arrangements to help those who can pay part. The bath-

tub has long since been taken out and although some of the children have pediculosis they are always ready to make an effort to get rid of them.

Instead of taking our children to the Dental School to have the worst of their teeth pulled, we have dental clinics in the school and the children have them filled there. Today the nurse on reaching her dispensary at 8:30 prepares her cards and notification blanks, gets the tongue blades and perhaps a little bottle of iodine and argerol, with applicators ready for the doctor who comes at 9.

The doctor's bell rings, the children come in five at a time, the doctor takes his chair, the nurse her pen. "Notice for tonsils and teeth for this boy." She marks his record card, gives him his notification slip to take home, makes another record for her own reference. "This boy normal," she marks his card. Mrs. Newman comes in to talk to the doctor about her Sam.

11:00 A. M. The doctor makes his report; 25 boys, 20 girls, five with tonsils, 3 vision cases and ten cases of bad teeth. The nurse goes up to explain about Abie Schwartz who was reported to her yesterday. She called at his home before coming to school. Abie has measles. The principal asks her to look up Sam Cohen whom the children say "has an awful sore throat." She comes back in half an hour. "Yes, Sam's throat looks bad. Yellow patches on it." She calls up Board of Health, looks up the Cohen children in school, tells them to go home and stay until the doctor, who is coming, tells them what to do.

1:15 P. M. After dinner, the children come in for dressings, 3 impetigo cases to be dressed, 2 cut fingers to be bound, a sore foot to be soaked—the child had run a piece of glass into it—2 toothaches. The teeth are in bad shape, but Joe says he wants to go to the dental clinic. His father is out of work. One of the rooms is examined for pediculosis, five cases are found. Brothers

and sisters in other rooms are looked up and advised. One family (an old case) is excluded.

2:45 P. M. This boy wants his glasses (his eyes have been examined at the eye clinic a week ago); he has brought all he can afford, 25 cents for them.

3:30 P. M. Home visits. Two are made to explain the need of having tonsils out; then one more to the house of a big girl who is retarded; a very tactful and careful investigation brings forth the history of a brother in the insane asylum, a grandfather queer. The mother is anxious and willing for a special examination for her daughter. She will take her next day. The history obtained is carefully noted after the nurse leaves the house.

4:30 P. M. Daily report and "Home."

Health Direction

Its Scope and Purpose in Cities From the Viewpoint of a Superintendent of Schools

Dr. C. Edward Jones

With the passage of the medical inspection law, of New York, the responsibilities and opportunities of the school authorities are doubled. On the face of this law it appears to be the work of the medical inspector with his assistants and nurses, but the experience of two years of practice proves that it permeates the whole school system and becomes in it a vital factor. The very name, *medical inspection*, has already become outworn, and in its place we think in terms of *health direction*. For years we talked of correlating all academic subjects as geography with language, arithmetic and history, but today there is actual correlation in the work of health direction with all other phases of school administration.

A superintendent is frequently known for the reputation he has made in language, arithmetic or spelling, and on the other hand he has been condemned for failure in these elemental subjects. If a boy who goes to a business place is unable to spell or to add, the superintendent of schools is inefficient. We superintendents have protested against this standard, but it stands, and it will not be long before the public will ask, when a girl shuffles along the street or an anemic ill-gaited boy applies for a job, not "what is the matter with that child?" but rather, "what is the matter with the superintendent of schools?" We may object, but as the visible symbol of a school system we must accept the blame or credit.

Let us note some of the points of contact.

1. The public sees first the outward visible signs of corrected conditions, and here the first, if not the most important, work must be done. A few cases of pediculosis

give a bad reputation to a school and the elimination of these works wonders in raising it in grade of respectability. When the nurse follows such a case to a home she has the opportunity, possessed by no one else, to give real home training, and her reputation for social uplift grows where it is most needed. Even here the compulsory education law has a part. When a parent wilfully refuses to clean a child that he may be a fit associate with other children, that parent should be forthwith haled to court, and the superintendent should so instruct his attendance officers. Everybody knows that attendance is compulsory, but that *attendance and cleanliness are compulsory* is a new and worthy gospel, which, when a case is once brought to a local court, spreads rapidly among the needy sinners; and, if the court handles the case with just severity, rapid conversions become apparent through the use of vinegar and kerosene, soap and water.

This reputation for cleanliness may, in some part, compensate for the almost complete silence in regard to contagion, for the more efficient the work in this line the less it gains publicity. Yet, here health direction becomes the mutual co-worker with the health department. The commissioner of health at a certain hour notifies the superintendent's office of every case of contagion in the city, then these cases are communicated to the several schools and exclusion follows immediately. The whole school system therefore becomes a part of the health department. Principals and teachers are made to feel a responsibility for children's health otherwise impossible. In our own city (Albany) if a case of diphtheria occurs in a school, the throat of every child in that room is cultured, and on the following morning every positive case is excluded. The prevention of disease is hard to measure, but we have never had such mild epidemics of measles and chickenpox and so few cases of scarlet fever and diphtheria as under the present plan, and I am able to find no other cause, save this, whereby the department of education is a real part of the department of health.

2. But, aside from these social features and emergency problems, there is a work with the individual that bears on his whole life welfare. The law provides for the medical examination of every child. With superintendents examination has always meant academic test, a measuring of book knowledge, regents marks and grade promotion, but here is an examination that affects the child's life as no other school examination ever has. We hear of instances in rural communities where these examinations are parceled out to several physicians at so much per head, as though it were simply a matter of numbers and literal compliance with the law. But in cities where there is a health director this is very different. That examination is the superintendent's, and the record of it must be continually before him, for it is the most important determining factor in the education of the child which he has, or ever will have, in his possession. It is the index of what the child can do and how he can do it. If the child has defective hearing, vision or dentition, the superintendent is just as responsible for that condition as he is for deficient work in language or penmanshp, and there must be no doubt or misunderstanding in the matter. It is gratifying to know that in our cities, although medical examination may be made by the family physician, that the number availing themselves of this is becoming less each year. It only means that parents recognize the wisdom of school authorities having complete, instead of partial, control of a child's education. Here again the value of the nurse is emphasized. We do not begin to realize her importance. She is the good angel of wisdom and fellowship that brings these conditions to the knowledge of parents, frequently again and again, but every time she has "finished a case" she has brought the school and the home closer together in the work of child growth.

But some homes cannot do their part. Here is the hungry anemic child on whom the city is spending money for arithmetic, geography and language, when what he first needs is bread, milk, eggs, meat and other nourishing

food. Put him in an open air room and feed him. Here your domestic science teacher will work with the health director to plan your menu, and vocational education then becomes an adjunct of health direction. In five months our open air children have gained on an average of four pounds. This work of feeding the children is not for charity's sake, but that the city and district may get value for the academic education it gives by putting children in a condition to receive it. Every child restored to health is a two-fold asset to the city. It means one more producer and one less dependent.

Again, note the links. The teacher finds the child listless and pale. The nurse observes the case, the health director passes on it, and the vocational department demonstrates its power in co-operation, and, through this combination, the child waxes strong. And every ounce of strength proclaims the efficiency of the school system.

In this matter of health direction we are fast getting away from the medical side. The law wisely provides that the director be a physician. He certainly needs medical training, but he must also have a knowledge of psychology, and pedagogy, and he is particularly fortunate also if he has had experience as a teacher. Further, he should examine or direct the examination of all candidates for special classes. In almost all cases of feeblemindedness there is a physical condition which he alone can diagnose, and to prescribe intelligently for the child's welfare requires a knowledge of both physical and mental condition. In the last few years a very general interest has been aroused in special classes. In some cases this interest is lagging because the results are not apparent. I am convinced that if classes for the mentally defective are to succeed, the health director must be able to diagnose mental conditions, and special classes should be under his direct supervision. No child should be received or dismissed without his approval.

What is true of the feebleminded is also true of the delinquent. Most of these come from unfortunate homes.

They are frequently anemic, have inherited some form of communicable disease and over seventy-five per cent. of them are mentally deficient. It is folly to put these in truant schools, or commit them to some institution until there is a definite knowledge of their physical and mental condition, so that the prescription that is given them may be based upon that knowledge. There is no doubt but that the proper administration of the medical inspection law with this wider interpretation, if it will not eliminate, will certainly go a long way towards overcoming truancy and solving the problem of the delinquent child.

We too often think of the physical director as symbolized by athletics, games and sports instead of recognizing that his work, when it functions properly, affects the whole school. With him the health director must work in closest co-operation. He passes on the value of games and exercises, and is the consultant for all special features, and his advice is of particular value for dealing with difficult and delicate problems, especially where there is an attempt to evade the exercises required by either boys or girls.

Unconsciously, a teacher is often a carrier of disease or her physical condition may be such as to seriously impair the welfare of the school. Such conditions can now be controlled, for it becomes the duty of superintendents, through the health director, to see that the health of the teachers is such as to make it possible for them to do their full duty as teachers.

Possibly we have looked so closely to the school population that we have failed to note the location of this population. What is the condition of the school building? and who is responsible for it? When janitor service is poor we attribute it to the ignorance of the employee. Dirt on the windows obscures the much needed light, ventilation may be incidental or accidental, and the dust may be raised with the broom each evening to be redistributed the following morning. We have known all this, but we have been loath to assume full responsibility for it. But now both school

building and janitor are subject to the instruction of the health director, who is under the direction of the superintendent. We hold principals' meetings and meetings for grade teachers, but the greatest need today is that the superintendent meet with his janitors and see that they are instructed with as much care as is given to teachers. They are on guard to protect the children's health—a most important service. Let them understand that cleanliness, light, ventilation are something more than conveniences and that they function in the life and health of children, and then you will dignify the work and, I believe, give character to the worker.

Health direction is not something merely attached to a school system. It is a part of it. It brings to light the dark places, it shows ways of betterment we knew not of, it makes for scholarship as well as for hygiene, it prevents failures in classes while it promotes bodily growth. Finally, it makes it possible for a city, for its money spent, to get bigger returns in more efficient men and women.

The Problem of Rural School Sanitation

[Note: In response to a request for an article on the subject of "The Health of Rural School Children," Dr. Thomas D. Wood wrote as follows to the Editor of the Quarterly: "I regret very much that it does not seem possible for me to prepare a formal article on the subject, "The Health of Rural School Children." I am exceedingly anxious, however, to have our Committee material given the widest possible publicity. I am sending you under separate cover some printed and typewritten material which we have available. * * * I sincerely hope that you may find something which you will be able to use in your publication in the reports which I am sending to you." In the following article the editor has incorporated the material forwarded by Dr. Wood.]

It is an interesting commentary on the effectiveness of present day health activities that, in spite of the fresh air, space and all the health giving attributes of the country, the city folk are, perhaps, after all stronger, healthier and in better physical condition than those who live in the rural districts. At the time of the Spanish war it was noted that army recruits from the cities were stronger, more enduring and in general healthier than those recruited from country districts; and the cause was felt to be the ignorance on the part of most country people as to the value of fresh air and nourishing food. It was pointed out that, with wide, open fields and sweet fresh air in plenty, the country people nevertheless usually sleep in small, stuffy rooms with windows closed; and that, with fresh milk, and eggs, and fruits and vegetables in abundance, they still seem to prefer salt pork and fried potatoes and tea and doughnuts.

And now we are beginning to find out that not only are the homes at fault, but the schools as well, and that the sanitary conditions of rural schools are such as to develop all kinds of physical and mental ills—tuberculosis, curvature of the spine, defective sight and hearing and many troubles brought on by malnutrition.

"In spite of all the harmful effects of over-crowding in our large cities, in spite of all the sanitary deficiencies of our slums, the children in the schools of our largest and most

A COUNTRY SCHOOL HOUSE.

NOTE THE CLOSE PROXIMITY OF THE BUILDING TO THE WELL AND OF THE CLOSET TO THE WELL. ALSO THERE ARE NO TREES FOR SHADE.

THE COUNTRY SCHOOL ROOM, SHOWING THE POOR LIGHTING FACILITIES AND USE OF COAL BASE BURNER

crowded cities are better off in the matter of health than the children who have the advantage of open air, plenty of exercise, and all the benefits which country life is supposed to bestow. * * * Four hundred cities look to the health of their school children, but not one state in five cares for the physical well-being of the children in the rural districts."

For the past three years a Committee on Health Problems of the National Council of Education has worked, in co-operation with a special committee of the American Medical Association, on this problem of rural school sanitation, and their careful investigation of the subject, together with a special, intensive study of the rural reports from Idaho, Massachusetts, Pennsylvania, New Jersey and Virginia, has brought them to the conclusion that the rural schools have been relatively neglected and that an amazing percentage of children in the rural districts are defective and in need of medical attention.

Dr. Thomas D. Wood, of Columbia university, who is the Chairman of this joint committee, in an interview published in the New York Times, March 8, 1914, made the following observations:

"No one actually knew how bad the country schoolhouse was until the National Education Association made a survey. The results have been amazing—in many instances appalling. These results pointed to the fact that we are neglecting the health of the country school child to a serious degree, for wherever urban and rural statistics concerning the health of school children were contrasted the country child was found to be anywhere from 5 to 20 per cent. more defective than the city child.

"Let me give you specific instances. For example, a special study of 1,831 rural districts of Pennsylvania was made. The health of the children there was contrasted with the health of the school children in Harrisburg, Pittsburg, and Altoona.

"We found that the total percentage of defective children in Altoona was 69, in Pittsburg 72.2. By defective I

mean defective in the larger sense, which includes any physical or mental defect.

"Contrasted with this percentage of defective children for the cities where the number would be even greater than in, say Philadelphia, the percentage of defective children in the rural districts aggregated 75.

"That means three-fourths of the 294,427 country children in Pennsylvania need medical treatment. Compare this with New York, where the conditions of living are perhaps more menacing to the life of the child than any other centre in the country. Of New York's 287,469 children 72 per cent. are in need of medical attention. Yet the slightly greater number of Pennsylvania's country youngsters are 75 per cent. defective.

"Investigation of specific defects, as well as of general defectiveness, brought out the same general conclusion: the country child is not as healthy as the city child. A comparison was made between the school children of Orange County, Virginia, and the children of New York City. Take the figures for tuberculosis. One would fancy that here, at least, the country child, with all the advantages of fresh air, would suffer less from the great plague of our country. But the number of city children with lung trouble make up only a fraction of 1 per cent., while 3.7 per cent. of the total number of country children had an affection of the lungs.

"Another defective condition which is supposed to be one of the most prevalent and most insidious among our city school children is that of malnutrition. Poverty and ignorance have tended to make this condition a serious one; we realize its gravity when we hear that in this city the percentage of children suffering from poorly nourished bodies is 23.3 per cent. But should we not be still more amazed and alarmed to know that 31.2 per cent. of the country school children are listed under malnutrition?

"Another charge laid against the big cities is that they produce mental defectives. Statistics from twenty-five cities were studied for this point and statistics drawn from

the 1,831 rural districts in Pennsylvania, Rural Township, Massachusetts; Cape May County and Cumberland County, New Jersey; Bannock County, Idaho, and Orange County, Virginia.

"This investigation showed a proportion of mental defectives in rural districts of .8 per cent, while that for the cities was but .2 per cent.

"'Using this same data for study, we found that heart trouble was more than twice as prevalent among country as among city school children. The percentage of curvature of the spine for city children was but .13, while that for the children in the rural districts amounted to 3.5.

"Ear trouble was found to be prevalent among city children to the extent of but 1 per cent. Among country children, however, it was nearly 5 per cent. City children suffering from some defect of the eyes number only 5.1 per cent, while those in the rural districts reach the enormous total of 21.08 per cent. In Bannock County, Idaho, this percentage for country school children amounted to very nearly 30.

"Adenoids in city children amounted to but 8.5 per cent, but in the country the percentage is 21.5. The figures for enlarged tonsils are 8.8 per cent for the children in the twenty-five cities, as contrasted with 30 per cent for country children; in Idaho alone the percentage for the rural children is 43.9.

"These findings are merely a sample. They do not represent the entire country, but, inasmuch as representative districts have been selected and those in nighboring or similar regions contrasted, I think that they furnish ground for the general conclusion—that the country child is more unhealthy than the city child, and consequently needs more care from the State."

These statistics are certainly appalling, and we immediately ask, What is the cause of such a condition of affairs?

The causes are manifold. Let us again quote Dr. Wood:

"Consider first the general conditions which tend to counteract the effect of open air, of surroundings which it would seem should make for vigorous constitutions.

"Take food and the problem of malnutrition. Even when contrasted with our very poorest city districts, with the slums, where the pinch of poverty is sharpest, country-cooked food is not so good as the food that is prepared in the city. * * *

"Consider defects of the ears, eyes, and the teeth. These are not so easily corrected in the country as in the city."

* * * "In the large centers competent doctors are available, medical and dental clinics are free.

"There are school nurses and well-informed school teachers to educate parents up to the necessity of using these clinics and of following out the school physician's recommendations.

"People in the country, on the other hand, are little inclined to seek aid from physicians or dentists or oculists, simply because they have not been educated to do so except in extreme cases.

"Then consider the country houses, draughty and overheated. Tuberculosis is not so well understood and the chances for house infection are much greater. Children in the country are much more exposed to unfavorable conditions in every way than are city children. They often must walk long distances in extreme heat, cold, or wet; they sit in school with damp clothing and wet feet; they have only a cold basket luncheon. They almost invariably wear too much clothing indoors in cold weather, and are consequently chilled when they go out.

"These are the general conditions which make for lowered vitality, for colds, for respiratory disorders, and finally for tuberculosis. * * * But there are more specific conditions, the remedying of which is the direct responsibility of the State. The little red schoolhouse may be pictur-

esque, but it is insanitary to a degree which would horrify you were you to look closely into the places where we are training our future citizens, our farmers and workers of tomorrow. * * *

"The country schoolhouse, except in the few States where some advance has been made for the betterment of the rural districts, is invariably burdened with bad ventilation. Heating is a hit or miss affair by means of the unjacketed school stove, resulting in lowered vitality both for pupils and teacher. Seating accommodations are so bad that it is small wonder that we found 3.5 per cent. of the country school children with spinal curvature, as against .13 per cent of the city school children with the same defect.

"The general sanitary conditions are often unspeakable. * * * Washing facilities are either not provided at all, or consist of a pail of water, a dirty basin, and a common towel. Drinking facilities are invariably worse. There is seldom anything other than the common drinking cup, which has been banned in our cities for the children of our slums. If there is a cistern it is all too often located without any reference whatever to the drainage. The water in many of these cisterns was found to be so badly contaminated that it was a serious menace to the children who were using it daily.

"Often the drinking facilities are provided for only by an old water pail, frequently found unprotected in the rural coat-room, sometimes it is covered by the hat of one of the girls—sometimes a towel dangles above it, with the wash basin on one side and the broom on the other.

"Now take into consideration the many other contingencies which the country child has to meet—physical labor, 'chores' before he starts for school in the morning, a badly assorted breakfast, a long walk over bad roads—then subject him to direct infection through bad water, and it is small wonder that he falls prey to a dozen maladies more readily than the city child."

It is apparent fom the foregoing that most of the

causes of the large per cent of physical defectiveness of rural school children as compared to city school children are entirely preventable. "Our finest crops are our children." The farmer does not realize this—if he did he would rise up and demand state protection for his youngsters. He would demand sanitary schoolhouses, medical inspection and school nurses—or at least rural nurses who would be general inspectors and household guides as well. The rural nurse has a large field open to her in educating the rural population to appreciate and to demand healthful conditions for the children, both at home and at school.

The Joint Committee on Health Problems in Education, through its Chairman, Dr. Wood, has prepared and published a pamphlet on the "Minimum Requirements for Rural Schools." It says in part:

"The country school should be as sanitary and wholesome in all essential particulars as the best home in the community. . . . The school ground must be well drained and as dry as possible. . . . a play ground is not a luxury, it is a necessity . . . The *one-teacher* country school should contain, in addition to a class-room not less than 30 feet long, 20 feet wide and 12 feet high (a) a small entrance hall (b) a small retiring room to be used as an emergency room in case of illness or accident, for a teacher's reference room, for school library and for health inspection. . . . The ventilation should be by direct outdoor air inlets and by adequate and direct foul air outlets. The heating should be by at least a properly jacketed stove—no unjacketed stove should be allowed. . . . The lighting should be from the left side of room, or left and rear, through window space at least one-fifth of floor space in area.

"Drinking water from a pure source should be provided by a sanitary drinking fountain—a common drinking cup is always dangerous and should never be tolerated. Facilities for washing hands, and individual towels should be provided—paper towels are the cheapest. The common

towel is as dangerous to health as the common drinking cup. Toilets and privies should be sanitary in location, construction and maintenance; and school house and toilets should be effectively screened against flies and mosquitoes."

These minimum requirements should be within the reach of all rural communities, and the people should be educated to tolerate nothing less.

The Committee has also, in its report, made a number of recommendations as important and possible for the care of the health of children in the rural schools, among which are:

Adequate training of rural school teachers in school hygiene. Health examination including dental inspection at least once a year. And, follow up health work by district and school nurses.

There is undoubtedly a wide field of usefulness open to the rural nurse. Like the doctor, she is made welcome in all homes where illness in any form has entered; like him, too, her word carries authority; like him, or even more than him, she becomes the friend of the family and can advise and teach in a way no other friend would dare to do. In the small country town or rural districts, where social life is meagre, she holds a position of great importance and authority, going from home to home, tending and teaching and preaching, it is in her power to educate the people in sanitary matters; to show them why the low desk is the cause of Mary's spinal curvature; why the dark room tries Johnny's eyes; and why poor drinking water or badly ventilated rooms bring about typhoid fever or tuberculosis. It is her part to open the eyes of the blind, to arouse public opinion, to create the desire for better things. "And when the desire cometh it shall be a tree of life."

Bibliography: Bulletin No. 12 of U. S. Bureau of Education, "Rural Schoolhouses and Grounds." Report of Joint Committee on Health Problems in Education. U. S. Bureau of Education, Washington, D. C. "Minimum Sanitary Requirements for Rural Schools," prepared by the

Joint Committee on Health Problems in Education, may be obtained from Dr. Thomas D. Wood, Columbia University, New York, or American Medical Association, 535 N. Dearborn St., Chicago, Ill.

The Waste Product of Humanity

A. L. O. V.

A distinguished visitor had been escorted round our city. Its beautiful parks and stately buildings had been duly admired. Then turning to his host, the gentleman said, "Where are your people? *Show me your people.*"

Our streets are swarming with children. On which are we spending the most thought and money—our future citizens, or our material advancement? Upon these children depends our civilization of tomorrow. Will they pass on to their children the best of human thought and life? Can Cleveland keep pace in citizenship with its unequalled opportunities as a great industrial centre?

Side by side with optimistic editorials praising our city's growth are startling facts of prostitution and crime. The only difference between Cleveland and other cities at this present time is that Cleveland, because of its location and opportunities and intelligence of its people, has become one of the most, if not the very most desirable residence cities of our country.

May it not be expected then that our generous citizens, who have been giving of their means to support the increasing number of unfortunates, will give a listening ear and helping hand to the subject of "The Waste Product of Humanity"?

The waste products of our factories have been utilized and have become commercial products. This waste product of humanity, so long disregarded and unchecked, threatens homes, church, school, city, state and nation. All attempts of the government to obtain reliable statistics of the feeble-minded have failed. It has been only by the aid of expert field workers, who are acquainted with feeble-mindedness, that success has been attained.

In this work the State of New Jersey takes the lead. How has this been accomplished?

Through the wisdom and forethought of Superintendent Edw. R. Johnstone, of the Vineland Training School for Feeble-Minded Children, and the benevolence of Mr. Samuel S. Fels and many others, a Laboratory and Department of Research was established in September, 1906. Dr. Henry H. Goddard was called to be Director. Under Dr. Goddard the mental condition of the children has been studied most carefully, and has been followed up by work in the homes by trained field workers. The study of 300 families revealed the fact that 66 per cent of these children are hereditary cases.

"The Kallikak Family," published in 1912, has been widely read. It represents two years of investigation by Miss Elizabeth S. Kite, who started with one girl, the Deborah Kallikak of the book, a ward of the state in the training school. Deborah's family was found to be a notorious one; hence it was not difficult to find old residents who remembered the former generations, or who could recall stories told of the oldest members. "About 1770 Martin Kallikak, a young man of good family, met a feeble-minded girl, by whom he became the father of a feeble-minded son. Later he married a woman of good family."

MARTIN KALLIKAK

Feeble-Minded Girl	*Normal-Minded Girl*
480 Descendants	496 Descendants
46 Normal	496 Normal
36 Illegitimate (Mostly prostitutes)	*The Men*
14 Immoral	Eminent in professions, good scholars, excellent citizens
27 Drunkards and criminals	*The Women*
143 Feeble-minded	Refined and cultured
82 Died in infancy	
All others unknown	

Feeble-Minded parent produced paupers, criminals, prostitutes, drunkards.

Normal-Minded parent produced good citizens, professionals, upright men and women.

This book is convincing in its proof that feeble-mindedness is largely responsible for all our social sores.

Not content with the investigation of one community of feeble-minded, Vineland field workers have devoted several years to the "Pineys," as the inhabitants of the waste land back from the sea coast are called. Whenever Miss Kite comes into the laboratory from her field work she brings fresh stories of the sayings and doings of the child people in the Pines, of whom she has become very fond. She is recognized as their friend, even though she occasionally causes the arrest of some man for trading his wife for an old horse, or trying to live with three women. One of these child men, Ford, greeted her, as she was giving him the Binet test for mentality there in the jail, with, "Miss Kite, it's just like heaven, being here with you." Ford is nine years in mentality, rather fine looking, even refined in appearance; so amiable he was willing to marry all three of the girls he had been living with. The judge decided he could not send a nine-year-old man to the penitentiary. The Commissioner of Charities of New Jersey, with the help of Professor Johnstone and the Research Laboratory, has established a colony in the Pines to care for the children. Their feeble-minded parents can visit them there, and finding them well cared for and learning to become useful, will be content.

The first New Jersey colony was started at Menantico two years ago, four miles from Vineland, on waste land which is being cleared by the older defective boys. The brightest of the boys, of the moron type, have made the cement blocks and erected some of the plain buildings, which are sanitary and free from any unnecessary expense; for Professor Johnstone recognizes that these feeble-minded children do not require much to be happy, and he does not believe in putting money into expensive buildings, creating taste for what are really luxuries. The dairy is to be moved to this colony, and the pigs have been moved. Truck gardening will be followed, and in the swamps basket willows grown. No boy is tempted to run away from this home, where he has freedom he

cannot have in the smaller institution, near the town. He is proud of "his cow," or "his pig," and even indulges in punning (probably quoted), as "The goat is a sample of our best butter."

The Burlington County citizens helped financially in raising the money for the buildings of the colony at Pemberton. With colonies started in this way, the State not called upon to erect buildings, but paying $300 per year for maintenance of each state case, there can be no political interference.

In time New Jersey will have her 7,000 feeble-minded all cared for in farm colonies, and their truck gardens will supply Atlantic City and the other seaside resorts of the big playground of the nation, becoming self-supporting.

"Seven thousand defectives in the little State of New Jersey! What is the matter with New Jersey?" New Jersey is recognizing her problem—that is the only difference. And her philanthropic, scientific way of handling her problem is encouraging other states to attempt their own problems.

Dr. Emerick, of our State Institution for Feeble-Minded, estimates there are 8,000 mentally defective at large, for whom there is no provision in Ohio. The cost of convicting a criminal is $3,000, exclusive of later expense of keeping him in jail. We are most of us familiar with the statistics which show feeble-mindedness to be the condition of the greater per cent of all criminals, drunkards, prostitutes and charity cases. There are few feeble-minded who are born criminals. They become criminals because they are weak—have neither the judgment to decide between right and wrong, or the will power to resist. That Dr. Emerick's estimate of 8,000 at large is far below the actual number, we are confident.

In Cleveland alone we have found, so far, 2,000 pupils who are feeble-minded. Careful study of repeaters has disclosed the fact that little children who fail to pass the first grade as a rule show arrested mental de-

velopment later, usually at nine or ten years. Of the 2,200 repeaters of the School Survey we do not attempt yet to venture an opinion. Given the Binet test, we could quite accurately separate the real defectives from those who are border line cases. In all the use of the Binet test, both here and in Vineland, the border line cases which really show an arrest of mental development later, are not classed as feeble-minded. It is the child who tests four years below his chronological age who is classed "defective" or feeble-minded.

What have we then right here in Cleveland? *A menace—the menace of the feeble-minded,* based not on sentiment alone, but on scientific data.

With the rate of increase of births among the feeble-minded, and the decrease of births among the better and educated classes, there will be more feeble-mindd than we can take care of in a few generations. In view of the fact that Cleveland has for some years been the Mecca for all classes immigrating from Europe, and that when immigration again starts we are sure to receive such an influx as this country has never seen, of the less desirable classes—those who have not the courage or ability to help build up their own countries, and those who are defective, it makes the time in which we have to work very short.

Let us visit some of the homes in a part of the city not shown the visitor who wished to see "the people!"

1. Case of Ernest F—. In a five-room cottage, well known to the visitors from the Associated Charities, a man lay in the last stages of tuberculosis. He had spent several seasons in the Tuberculosis Colony, but feeling his family needed him had come home. His older son of eleven years was a pupil in the school for defectives. The two younger children were dull and, although still in the grades, were beginning to show arrested mental development. His dull-eyed wife was preparing the evening meal. She seemed to have no ambition, but was content to receive support from char-

ity, a condition that did not change even after death of husband.

Mr. F.— spoke wearily of his life. He had tried to be a good father to his children. He did not drink or swear, but somehow life's responsibilities had overwhelmed him. And feeble-minded (a border line case) as he was, he put this searching question to the visitor, "How is it, that before I was married I had no trouble to get along?"

Case 2. The eldest daughter in a large family of ten children followed the teacher of one of her feeble-minded sisters to the gate, with the question, "Miss B.—, what is the matter with us all, that we cannot learn in school?" This young woman was able to do the sewing for the family. The sister next younger, by her good looks and sweetness, had attracted the heart (not the mind) of a young college graduate of a good family. They were married. Several visits were made to the young bride before she moved to another part of the city. She had no ambition above cake making and, knowing her inability to learn, had refused to take the music lessons her young husband urged. The contrast between this pretty, feeble-minded girl and her husband's family was startling. The library in which the invalid father delighted contained some scientific volumes, and he was proud of his capable, manly son. The tragedy of such a marriage will show as the children come on, for unless there was a normal grandparent or great-grandparent on the wife's side, *every child* born to this young husband will be feeble-minded. There is strong probability that this is one of the strictly feeble-minded families of feeble-minded inheritance for generations back in the old country. One of many, whose parents, born in the old country, have escaped the notice of the immigration bureau. Cleveland's reputation as a desirable home has for a generation been well known in Europe. Only two years ago, Miss Bell, who for several months examined at Ellis Island, using the Binet test,

told us that, in spite of the results found, whole families of decidedly defective people were allowed to come on to their destination—Cleveland.

Case 3. Under the bridge lives another family, swarming with children. Mother did not get through third grade. Father, higher mentality, but erratic as a boy—border line case. Can only earn wages as a teamster for a brick company. The oldest boy—border line case—is about to marry; and until the boy next younger stops school and "gets a job" the father's wages cannot support the family.

So far only one boy, whose test shows tendency towards insanity as well as defectiveness, has entered the special school. The other children are to be examined when there is organized another special school in which to place them.

Down the street is a pool-room, kept by the brothers of the feeble-minded sisters in Case 2. Here congregate the boys who have dropped out of school and are unable to obtain working certificates. Some of them have been examined and are known to be defective. The others, by their overgrown stature and retardation undoubtedly are feeble-minded. Each day of idleness and vicious comradeship continues the process of waste and deterioration. In the evening the public dance hall and park draws these child boys of 7 to 11 and 12 years mentality. Here they meet the other branch of our human waste product, our feeble-minded girls, whose parents cannot control them. In a short time Lizzie or Mary stops school and marries—or the case comes up before Juvenile Court and she is sent to Girls' Detention Home or to Delaware.

Our state institutions and farm colonies do not like to take these city cases of delinquency. It is the little feeble-minded child, saved and kept innocent, who becomes the best member of the big family in institution and farm colony.

Cases like the above can be multiplied. Of all the

defective children represented in this one school neighborhood a careful study of the homes for six years *convinces* us that the majority are feeble-minded because their parents, one or both, are feeble-minded. And we understand why each year the call for funds to help the poor is more urgent.

The nurse, the friendly visitor, the social worker, teachers, ministers, judges and philanthropic citizens at last stand shoulder to shoulder. Their combined aid, all working together, will stem the tidal wave of feeble-mindedness and degeneracy in this generation. What is the first step?

A census of all the feeble-minded in the city. This will take time and funds. It can only be accomplished by trained field workers, who know the psychology of both the normal and defective mind and can give the most efficient tests for mentality. The Binet test is recognized as the most accurate for all ages under 12; and the higher ages will soon be standardized. One expert worker can give the Binet test to about 1,500 in a school year. A number of Cleveland college women have taken the Laboratory Course in Vineland and accepted positions elsewhere, because there were no positions here. The statistics already gathered by the Associated Charities, the Juvenile Court and the schools will give such workers a good start.

When the number of feeble-minded is definitely determined the State can be appealed to for funds to start an institution for Cleveland. With its surplus of $10,000,000 no better investment could be made. The Columbus Institution, large as it is, can only accommodate 2,000. A fund of $300,000 was recently appropriated by the State to build cottages to receive the defective girls from Delaware and the boys from Lancaster on the large farm of the State Institution. At a meeting here in Cleveland with representatives of the Legislature and Dr. Emerick and some of our citizens, Mrs. S. W. Kelley being one who has worked unceasingly

towards relief for Cleveland, it was decided to help Columbus first. Now that this appropriation has been granted Dr. Emerick, it is our turn. The greater the need, the greater the appropriation.

To obtain the field workers we must have funds. It is not necessary to be able to give the Binet test in order to help in detecting the imbecile type of feeble-mindedness, so advance field work can be done by nurses and others. The dull-eyed, slouching boys and girls who cannot obtain jobs, or who cannot hold them any length of time are easily distinguished from normal young people. They are often overgrown and animal in appearance. The families who year after year receive help from charity, who cannot manage their own affairs with ordinary prudence, and whose members cannot work without supervision, are all border line cases, or belonging to the lower types of feeble-mindedness.

It is the scientific, accurate knowledge obtained by use of the Binet test which enables us to place children in special schools and in institutions.

But what of the great number of defectives who have gone out into society? Here is the work for our nurses and all who have to do with charity and civic life. The city of Springfield, Mass., has organized a Civic Committee, a big brother and sister movement, to find out all feeble-minded boys and girls—become acquainted with them; visit their homes; the shops where they work; enlist the employers' interest and co-operation; safeguard them when they are in danger; remove them to places of safety. Successful work depends on the right attitude towards these child people.

The Irish peasants treat the feeble-minded as innocents. Professor Johnstone urges us to remember *this* in all our treatment, *"Don't say they know better and blame them."* We do not say to the parent, "Your child is feeble-minded"; but, "You cannot expect much of this child."

Already these ungifted children are looking to the

country. "Gee, Miss B.—, it's swell in the country! You can do so much there!" So we, teacher and children, with the eye of faith are planning for the "Farm Colony," to which our boys and girls can be promoted as they leave the special schools. And we know the generous-hearted people of Cleveland will make it possible for our dream to be realized in the near future.

Last April Mr. Alex. Johnson, of the newly organized Extension Department of the Training School at Vineland, gave two lectures under the auspices of several committees on feeble-mindedness, the Municipal School League and the Department of Physical Training of the Schools. This coming year Mr. Johnson plans *intensive* work in several states, Ohio included. The time is most opportune. How can Cleveland people help and secure their share of Vineland's services?

By arranging for addresses from Mr. Johnson. Almost any of the men's and women's clubs can arrange an extra meeting if their programs are already planned. Under his able leadership our work can be pushed the most effectively. Address Mr. Alex Johnson (or Superintendent Johnstone, if an immediate reply is wanted), the Training School, Vineland, N. J.

I wish to thank the nurses and friendly visitors for their co-operation in visiting the families on their lists who happen to be represented in my school. One case was much more quickly relieved. Little R.—, 8 years, mentality 4 years, who for nearly a year had been the despair of two teachers. He was placed in fresh air camp and after an operation came home looking like a different boy. Both friendly visitors and teachers have, by repeated visits, come to the same conclusion in regard to the parents, and so data has been collected ready for another on our list of mentally defective families.

Another case, Mary, a Hungarian woman, deserted by husband, *refused* to work. With aid of a bright neighbor Mary was examined in her native language and tested seven years in mentality. She scattered in

the test. With the greatest difficulty drew the diamond. She is in danger of a mental breakdown, as well as being feeble-minded of the imbecile type. Her baby is decidedly feeble-minded, could not follow a lighted match, or grasp one's fingers tightly. This poor woman would not be safe out in our streets. The Hungarian woman who is keeping her cannot get her to do any work. There is no place where Mary can be sent at present. May the Vineland leven work quickly in Cleveland!

The Administrative Side of Visiting Nursing

(Concluded)

ANNIE M. BRAINARD

VI.

Office

Rooms, Accounts, Clerical, Records

When we think of a visiting nurse we seldom connect her with a business office. We imagine her as always going from house to house, exercising her benevolent profession, nursing the sick, instructing the ignorant and striving to implant in the midst of the family the Tree of Desire for better things. And yet in order to pursue her calling and accomplish its ends she must have a definite and well-ordered place of departure—or rather, perhaps, a center from which all her activities may radiate. This center, or office may consist of one small room, or corner of a room, or it may be a suite of four or five rooms, according to the size of the organization and the amount of work being carried on; but in any and every case it must be properly equipped and its branch of the work properly ordered if one would have the best results not only from the office business, but from the field work as well. This does not necessarily mean a large expenditure of money, in fact it is very important that the cost of administrative and office work be kept down to the very lowest figure commensurate with efficiency; but it does mean that trustees should recognize that a certain amount of the organization's income must be set aside for administrative purposes and that it is highly important that the office be properly organized from the start.

The first step is to secure suitable quarters. It is usually well to choose a place centrally located and if pos-

sible near other charity organizations, for the work of a visiting nurse is so intertwined with that of other charities and philanthropies that a constant interchange of information and consultation is necessary, and much time is saved if their central offices are in close proximity. The office of the visiting nurse, however, should not be connected with that of any relief giving agency, for that would immediately stamp her work as *charity*, and the greatest effort at present is being made to impress upon the mind of the public the fact that visiting nursing is *not* a free service, maintained only for the very poor and submerged portion of the population, but that it is a service for the people of the great middle class who, while unable to pay for the full time of a graduate nurse in time of sickness, are still well able to pay a certain fee for a porton of time, and who accept the nursing service as they accept other quasi public gifts, such as hospital care, or municipal concerts, or even public schooling, as a provision *by the public* for the well-being *of the public*. This attitude is made easier by the fact that in so many cities the nurse is now fully or partially salaried by public funds, and also, on the other hand, by the fact that public activities such as hospitals, libraries, concerts and baths are often partially supported by private contributions.

It is also well, if possible, to avoid selecting for the office a place in a church building, for the work of the visiting nurse must be non-sectarian in order to be truly effective. She must be able to go with equal freedom into the home of Protestant or Catholic, Jew or Christian, and if her headquarters are under the shelter and seeming supervision of any one church she will naturally be looked upon as an agent of that church and will not be quite independent in her movements. It is often quite possible, however, to secure a small room, or quiet corner of a large room, free of rent, or at a very slight cost, in a Settlement House, or a semi-public house, or even sometimes in a drug store or other business building.

The principal requirements for the office are: a certain seclusion, so that private interviews may be held when necessary; light, so that the accounts, records and other clerical work may be properly carried on; and a closet or cupboard in which to keep the medical and sick room supplies. It is also necessary to have running water close at hand, if not actually in the room.

The equipment can be very simple. A desk or writing table with drawers, or compartments which lock, for papers, books and money box; two chairs; a telephone, a filing case and a small table for the nurse to use when arranging supplies, etc. The closet or cupboard for supplies must have shelves and closing doors to keep out the dust. This equipment—which is the very least with which one can begin work—can often be procured at little expense. Some friend may have a desk or writing table which is no longer in use (a regular office desk is the best for the purpose); another may have a chair or a table; and if no closet or cupboard is at hand, an old-fashioned book case can sometimes be found and used to advantage as a supply closet until better arrangements can be made.

All this, however, must be looked upon as merely a temporary arrangement, and just as soon as the finances and amount of work warrant the expense a separate room or rooms should be secured and should be furnished with the articles and equipment necessary for comfort and scientific work—for one must always remember that the quality of work done depends greatly upon the appliances and conveniences at hand with which to do it.

In starting a new Visiting Nurse Association, the nurse (if there be but one) or the Superintendent of Nurses, if there be several, will often undertake the office work herself; she writes the record cards, attends to the supply closet; and keeps account of such small cash as she may have in her possession for daily emergencies. One must bear in mind, however, that the work of the nurse should be in the district, at the bedside of her patient, and just as soon

as the office work becomes a burden or necessitates too much of her time in the office, a clerical assistant should be secured. The nurse will always have to make out her report of cases, and will have to superintend all work that bears on her profession; but a nurse is seldom trained in clerical or office routine and it is an extravagance to use her valuable time for mere office routine or clerical work which a less expensive assistant can carry on as well or better. Moreover, the telephone is a demanding master and requires someone constantly in attendance. In a small association just starting it can be arranged that a nurse shall have certain office hours—say half an hour in the morning before starting, an hour at noon, and perhaps another half hour at the end of the day, during which time she can answer telephone calls while she attends to other office business. In choosing an office assistant one should consider accuracy as one of the most essential qualifications. New cases reported over the telephone must be taken down accurately, a wrong name or address might mean delay that would be serious. Records must be kept accurately, or the statistics gathered will be valueless. Another qualification which is perhaps hardly necessary to mention, is great neatness. The nurse's work stands for hygiene, science and exquisite cleanliness; her office and everything appertaining to it should reflect her work; therefore an office girl whose hair is ruffled, whose dress is mussed or untidy, or whose general appearance in any way suggests carelessness is not the girl for the position; her retention would seem to indicate a like carelessness on the part of the association in the method and standard of the nursing work.

In large associations with many nurses and where the record cards of cases carried run up into the hundreds, it has been proved best to employ a registrar, whose exclusive work is the careful keeping of the records. A nurse, if she has other qualifications for office work, especially a nurse who has had some experience in district work, will be found the best to fill this position, for she not only understands

the medical side of the reports turned in to her, but she understands the social side as well, and in her interviews with new nurses about their patients can sift the essential from the non-essential and will often perceive some illuminating factor regarding the diagnosis of condition which had entirely escaped the mind of the novice.

Concerning the purely business side of the office it is unnecessary to speak. That, like any other business office, must be run on purely business principles and by approved methods, or confusion or extravagance will result. A Visiting Nurse Association is an expensive charity; the agents employed are highly trained women commanding high salaries, hundreds and thousands of dollars are expended annually in the carrying on of the work of the visiting nurse; therefore it is only just to the public, whose money we are expending, that every effort should be made to expend that money carefully and economically, that those in charge of the administrative side of a visiting nurse association should conduct their work with as much seriousness and as much thought as they would bestow on ther own private business enterprises and that the income of the association should be safeguarded by proper office facilities and a properly qualified office force.

Another Phase of Preventive Work

JENNIE T. DAHLMAN

When visiting nurses go into the homes, they find besides the actual care and instruction in the care of the sick, much to be done and much to be taught for which they have neither the time nor the training. It is this work that I have been trying to do since January, 1913. The work is called Instructive Visiting Housekeeping. Its aim is to increase the health, happiness, efficiency, and comfort of the family. The method of the work is the teaching of housekeeping and household management. The teaching is done in the homes and in a kitchen fitted up for demonstration and class work of this kind.

One of the first discoveries I made in this new field was that we expect too much from our women, especially the foreign women, forgetful of the fact that their customs, aims, and ideals are all different from ours; forgetful of the fact that in many instances their upbringing has been different; forgetful of the fact that many of them have had absolutely no training as home-makers or home-keepers. We think their homes should be airy, neat, and clean, without duly considering the inadequate facilities for ventilation, sanitation, and hygiene, with which these women must contend. The poor ventilation can often be explained by an examination of the windows which cannot be pulled down from the top, because the ropes are broken, or the fixtures have not been properly installed, and small children in an upstairs tenement are hardly safe with the windows up from the bottom.

Then think of the abominable enclosed plumbing, so often in need of repairs, and think of the inconvenience, especially in a large family, of having no hot water except what can be heated on the top of the stove. Many of the families do not have a teakettle either, but use some small receptacle, the frying pan or a small saucepan.

These handicaps are all tremendous drawbacks even to the best of housewives who have had considerable previous training.

Then, too, we expect the children to be clean and well cared for. We expect the food to be well-chosen, well-cooked, and well-served. This means that the woman must use time and thought, backed by knowledge, skill and strength, and that she must have the tools with which to work effectively. Lacking the necessary training, strength, surroundings, and equipment, is it any wonder that the housekeeper becomes discouraged? Perhaps she sees that she has failed to keep her home up to the standard of which she had dreamed when the home was first planned, and with "Oh, what's the use!. A woman's work is never done," she slips off the responsibility and duty of carefully choosing and preparing the food for her family, of properly bathing and clothing the children, of thoroughly cleaning, airing and managing her home. She becomes overwhelmed, careless, indifferent, shiftless and frequently herein lies the original, but unrecognized cause, of the call for the doctor and the nurse. The woman does not know what the trouble is, but everything seems to go wrong. The children are always sick and she can find no solution of the problem except to call in a doctor and a nurse to help cure what never should have ailed.

An expert household manager is needed to explain the difficulty and demonstrate the proper preventive treatment, which should include above all things sympathetic encouragement.

The Public Health Nurse is the best available expert. Because of her intimate knowledge of the home and of the members of the household, and because her calls are made at all hours of the day, when she sees all of the various household tasks in process, she has many advantages over other social workers for dropping at just the psychological moment helpful suggestions pertaining to the household machinery and régime.

A knowledge of foods—their value, cost, care and preparation, is highly desirable in order that she may advise in the solution of these problems intelligently. It is not to be supposed, however, that she can give the required care to the number of patients she now carries and also take the time, strength, and energy to rectify all that she finds out of joint in the households which she visits. Nevertheless, there are many things which I have learned since taking up the work of Instructive Visiting Housekeeping which I heartily wish I had known when an Instructive Visiting Nurse. I now realize that many good opportunities for doing just the kind of preventive work for which the Public Health Nurse stands, were lost. I did not recognize my opportunities, and had I recognized them, I would not then have known how to improve them.

My experiences have taught me to recognize three factors in every household which need careful analysis and treatment; the woman, the equipment, and the diet. Let us begin then with the woman. I have been forcibly impressed by the fact that the home-maker and housekeeper really needs to be a highly specialized individual. She has need for many special kinds of knowledge and for skill and dexterity. In the first place, she is usually a mother, which is, of course, the greatest specialty in the world. Then to be successful, she needs to possess a good deal of executive ability; she needs to be an intelligent buyer, a good cook with a knowledge of food values and food compositions, a nurse, a seamstress, a laundress, an alert and vigilant foe to all dirt and disorder, all these combined with a cheery disposition that never gets out of gear. In short, a wonder.

Personal Hygiene

One of the tasks of the housekeeper above mentioned is that of nursing. To your information in that direction I can add nothing. I do wish to suggest, however, that emphasis be placed on the necessity of frequent bathing not only for the patient, but for all members of the family—father, mother and children. Chest bathing with cold

water is especially recommended every morning, particularly in this climate, which is so trying to the respiratory organs. Then, too, let me suggest emphasis on the importance of possession and use by each person, adult and child, of tooth brush, comb, face cloth and towel. Children should be taught the use of bibs or napkins. Bibs mean much less laundry for the mother and cleaner dresses and blouses for the children. The same clothes should not be worn day and night, as they are for a week or more in some instances, but some night garment should be provided. I fear that we seldom think of these requirements of the family as a whole.

Ability to Plan

A second requirement of the home-maker, as well as for the business man, is the ability to plan. In every well ordered house there is a place for everything and everything is found in its place; there is also a time for everything and everything is done in its time.

There are, however, women who apparently never plan anything. They abide literally by the "take no thought for the morrow," but regularly every day they question their family, friends and neighbors with. "What shall I have for supper?" "What shall I have for breakfast?" "What shall I have for dinner?" and one begins to wonder whether they are capable of deciding anything for themselves. They rarely ever have an idea of what they will serve for more than one meal at a time. This shows lack of forethought and poor management, for upon the meals, their regularity and composition, much depends. Meals should be planned, subject to change, a week in advance. It is better economy and better management to plan a month in advance.

It is not to be supposed that these menus must be strictly adhered to in every detail. There may be many reasons for change. One of the family may be called away unexpectedly, or an unexpected guest may arrive to spend several days; or, one of the family may be ill; or because of

oversupply or weather conditions, the market may fluctuate so that the foods planned are more expensive than those coming into the market abundantly. All these, and many other emergencies must be duly considered. But there should be an outline, at least; some system by which the housewife may be guided in buying her food supplies and in planning her work intelligently.

System

Each home has, or should have, its own system of work, planned according to the habits and occupations of the family. If all the little duties which make up the daily routine such as dish washing, sweeping, dusting, bed making are systematically arranged, the work will be much more easily and much more effectively accomplished.

Then there should be an arrangement of weekly work, such as washing, ironing, mending, baking, washing windows, cleaning closets, cleaning silver and cleaning refrigerator. There is also another division which might be called fortnightly or monthly, such as high dusting and cleaning of paints.

Ability to Buy

The housewife also needs the ability and the knowledge to buy intelligently and well; to know good food materials, good textiles, good furniture, good household equipment of every kind. And if she really wishes the full value of her money, she should make her own selections rather than depend upon the judgment of a child, the shop-keeper, or a clerk. Then, too, it is economy, whether the purchase be food or furniture, to pay cash rather than "buy on the book." The alluring advertisements published by the installment houses for furnishing homes and for clothing the whole family have proved the pitfall of many a well intentioned but misguided family. These houses do not give good values for the money received.

To be sure, there is an arrangement with some of the standard stores whereby a person may, by paying a high

rate of interest to the installment house, select his purchase from standard stock. But he pays well for every article.

The poor pay much more, in proportion to the value received, for the necessities of life than the well-to-do. They will say, "What else can a poor person do? I have no money and I cannot get credit in any other way." We must urge them to save and wait, be the savings ever so small, until they can take advantage of cash sales. The trouble seems to be that we cannot persuade them to begin saving early enough, before the actual need for the expenditure arrives. People who continue to live from hand to mouth are not far sighted or thrifty and they never will be so long as they patronize installment houses.

Budget

The budget should be planneed every year and every pay day and all the details of expenditure considered, leaving provision for incidentals, if possible. The smaller the man's income, the larger the per cent needed for food.

In Massachusetts—

20 -25	per cent is allowed for	rent
25 -70	" " " " "	food
10 -15	" " " " "	clothing
5 -15	" " " " "	operating exp.
10 -15	" " " " "	education, travel, recreation, higher life

It is fascinating to try to control these expenditures; to supply meat substitutes and vegetables to bring down the meat expenditure, to use skim milk in cooking to bring down the milk bill and yet to keep the meals well balanced, attractive and palatable.

It is obvious that if 70 per cent of the income is used for food, some or all of the other apportionments must suffer unless they are provided for outside the income. At first all women fight shy of a cash account, but after trying it a month or two they really will become interested, if

they know that someone else is interested too, and willing to help them over the hard places.

We keep the daily expenditures, as they are made, in a little note book and then at the end of the week add up the totals for groceries, vegetables, meats, milk, fish, cleaning, clothing, carfare, etc. These weekly totals are kept on a sheet, so that the sum totals and the classified totals are visible at a glance.

(To be continued)

A Two Months' Training of a Pupil Nurse

M. Ross

March—Tuberculosis

My first week of observation work in Public Health Nursing was spent at the Tuberculosis Dispensary, 8906 Woodland avenue, Cleveland, under the instruction of Miss —— and her staff of nurses.

I reported on duty at 8 a. m. The first two hours were spent in listening to dictations of the previous day's work and reading up charts; in this way I became somewhat familiar with the work before going into the homes. I then visited the homes with the different nurses. The work seemed to be mostly investigative, to find out the home conditions and obtain home histories; then instructive, teaching the people how to care for their health and keep their homes clean. They were urged to have regular hours of rest, nourishing food if possible, to sleep in the fresh air and to have homes well ventilated. They were urged to come to the clinic for examination and treatment, also to take proper care of the sputum and their dishes, so as not to endanger and expose other members of the families.

The Public Health Nurses are doing a great work in Cleveland, and I would indeed be proud to belong to the band of noble women who, at risk of their own safety, are doing everything possible to trace the causes of, and stamp out this dread disease.

The afternoon hours at the Tuberculosis Dispensary were given up to clinics. Here the patients are weighed, temperatures taken, examined by doctor and treated under his direction. After the first day I was allowed to write up charts, and assist generally with the clinic. Following clinic, home calls are made.

Another interesting feature is the Day Camp. A number of patients are provided with comfortable sleeping quarters in the open air, and open air treatment is carried out, regular sleeping and rest hours, nourishment, medicines and temperatures at regular intervals.

Positive cases in first stages are sent to Warrensville Sanitarium for treatment. Advanced cases, where little care can be given at home, to City Hospital.

Infant Welfare Work

The second week I spent at the Babies' Dispensary (Main Branch), East 35th Street. The first day was spent in the Dispensary, where some of the clerical work was explained and a general outline of the work given; afternoon, regular clinic, where mothers bring their sick babies for advice and attention. The babies are weighed and examined by the Dispensary doctors, and where necessary put on a special diet or formulae; then a nurse goes into the homes and teaches the mothers how to prepare the milk and care for the bottles.

The remainder of the week was spent at the different prophylactic dispensaries. Here I assisted with the clinics, afterwards making visits into the homes with the nurses. The mothers are instructed how to prepare the food for the baby, the nurses urging regularity in feeding and sleeping hours and a great deal of fresh air. The mothers are urged to bring the babies to clinic, where they can be weighed and kept under the supervision of the doctor.

A great deal is being done to educate the poor, ignorant, foreign mother to give the baby the proper start in life. Infant mortality is becoming less as a result of the untiring work of the patient district nurse; and it requires great patience and tact to handle these mothers —at times it seemed to me as though the case seemed hopeless. The nurse's reward, however, is seen in the love and admiration shown by these poor mothers, and the nurse's visit is usually hailed as the event of the day.

School Work

The ten days spent at Eagle and Brownell schools under the careful supervision of Miss C—, will always be treasured as the happiest and most interesting part of my district training. Here I was allowed to assist with the clinics and dressings; visited the different school rooms; helped inspect the children; and made home calls. Every interesting case was carefully explained, also the clerical work.

How I loved to care for the dirty little urchins and send them back to their schoolrooms clean and fresh, with smiling faces! The tooth brush drills were great fun, and the children all seemed to love to come to the dispensary.

Each room is regularly inspected by the doctor and nurse, all the children carefully watched, eyes, ears, teeth inspected and bad cases reported. To me the work was full of interest.

District Work

The last week of March I was sent out to the Harvard and Broadway Station of the Visiting Nurse Association. The first two days I visited homes with the district nurses; and during the remainder of the week went in alone and gave bedside care, and made many home investigations; in this way I became more familiar with the work and home conditions before starting, in the month of April, on regular work.

The Tuberculosis and Babies' Dispensary work is more instructive and prophylactic, while the Visiting Nurse Association comes in closer contact with the people, and instructive and prophylactic as well as nursing care is given.

April—District Work Under Supervision

April 1st found me at the Harvard and Broadway Visiting Nurse Station, under the able supervision of Miss W—. I was instructed by her regarding the clerical part of the work and the general way the work was

carried on. For a few days I made many calls with her to some very interesting cases. I had already been in the district for the past week, giving bedside care in the homes.

I spent about two weeks in the district, an attack of illness preventing me from spending the whole month of April here. In this time I was greatly enlightened about home conditions and the suffering and want around us. So many men seemed to be out of employment and to have large families depending upon them for support.

I came in contact with many tubercular cases and chronic rheumatism cases; also some pneumonia. I was greatly impressed with the great work being done to prevent the spread of disease and the effort to educate the poor, ignorant foreign classes to give their families better care. The Visiting Nurse Association co-operates with the various charitable organizations, hospitals, dispensaries, Metropolitan Life Insurance Company, private physicians, and in this manner much is being done to relieve and better the conditions of the poor.

My work lay chiefly with the Polish, Hungarians and some Americans. I found many of these people clean and of average intelligence, willing to learn and grateful for help received.

The cases I cared for were chronic rheumatism, post partum care in maternity cases and care of the baby, investigating waiting maternity cases, a few dressings and one pneumonia case, many investigations in the homes. The pneumonia case was a tiny baby girl of three months. The family were Hungarians of average intelligence; the mother could speak some English. She was taught how to follow out the doctor's instructions and very quickly grasped an idea. When going into the home I found the baby in bed covered over with feather pad, and windows tightly closed. I instructed the mother to keep windows open and I was pleased to find next day she had tried to carry out my advice. The baby recov-

ered, and the mother now takes her to the dispensary for advice and treatment.

The pneumonia cases coming under my observation seemed to follow attacks of grippe, or exposure, or lack of fresh air. The rheumatism cases were of long standing; no treatment seemed to be of use, the only thing to do was to give them general care and make them as comfortable as possible. Several of these patients are paying from twenty-five to fifty cents a visit, according to their income. Their physicians usually refer the cases to the Visiting Nurse Association. Many plans are made for chronic cases and incurables; this year needy cases may be sent to the Goodrich Farms for the summer months, for a small sum.

In many cases the people are able to pay from twenty-five to seventy-five cents for nurse's care, and for their dressings a charge is made according to family income. The more unfortunate needy cases receive services free. The Metropolitan Life Insurance Company co-operate with the Visiting Nurse Association, the insurance company paying a certain sum for care of their members.

One very pleasant case, a dear old woman, 86 years of age, desired to have a nurse come in and bathe her twice a week and give her a rub. She was so lively and bright. I offered to dress her, and she firmly refused, saying she liked to do all she could for herself; she thought it a great joke when, upon her asking me to guess her age, I said "Seventy years." I remarked upon "how young she looked." She said "it was because she always saw the bright side of life."

One very pitiful case came under my observation. A little girl, 16 years. She seemed to be about ten years of age, but had such a look of hopeless suffering stamped upon her little face—nothing for her to look forward to but a few years of suffering. She was sitting in a little wheel chair, knitting; she had such a bright, cheerful

manner and seemed so patient. It was a case of tubercular abcess of hip.

The cases I enjoyed most of all were the maternity cases. I loved to care for the babies and instruct the mothers how to care for the baby—eyes, mouth, etc.—and make the mother clean and comfortable.

One very sad case of tuberculosis; two young women both apparently dying with the disease; no one to care for them except the nurses. They seemed so pleased to have the nurse call and bring a little sunshine from the outdoor world.

My first case was on Fullerton St. It had been referred to us by a private physician. I called, and found the mother in bed; she could not speak English. A small boy about ten years of age was trying to do the work. I managed to get the family history from the boy. He found a neighbor woman who could speak English, and through her conversation I managed to find out the state of affairs and how the woman was feeling. Then I proceeded to clean her up generally. I found the bed and home in bad condition. She seemed so grateful for care received. I went to the home for nearly a week. I was greatly surprised and pleased to find how the little ten-year-old son tried to wash his mother's face and brush her hair and had water ready for me to bathe her. He tried to tidy up the home and ventilate in the way I told him. The last day I called I had the pleasure of finding the mother sitting up in a chair, washed and combed, and the house fairly neat and clean. It delighted me to find how the child had tried to follow my instructions.

When the morning and afternoon work in the district was over I returned to the district station, wrote up my charts and histories, made out my report of the daily work, explaining all the work done during the day in the homes, and talked over the work with the supervisor. Some cases would be referred to hospitals and dispensaries. Private physicians were called up to

obtain instructions as to treatment given and for further orders.

The work is very interesting; every day seems to have something new to awaken interest and desire to help on with the great work in educating and relieving the suffering of the poor.

A nurse needs lots of enthusiasm, tact and patience to be a success in the work, and must be bright enough to be able to plan and carry out her ideas without hurting the feelings of the family. She must be able to look at a case from many standpoints and plan accordingly, to co-operate and work in harmony with other organizations.

Stories

(Note: The Public Health Nurse in Fostoria, O., Miss L. M. Bushey, recently gave a lecture to the school children, on "The Fly," and the children afterwards wrote compositions on the subject. The following essay was written at one sitting in the schoolroom, with no suggestion other than Miss Bushey's talk.)

The Autobiography of a Fly

GERALDINE LUCILE SOLOMON

Sixth Grade, Fostoria, Ohio

I am a house fly and would like to tell you a chapter out of my life.

Well, first as I recollect I was a little wiggling, white maggot, squirming about in the filth and dirt in a corner of a dark, damp and dingy stall, then after ten days in this state I managed some way to wiggle forth, so here I am a full grown fly. But I wonder what these two gauzy things are, and these hairy legs are for, and again I wonder how I can get over to one of my one hundred and fifty brothers and sisters, so I just walked on those six legs and flew with those so-called wings. Now I feel quite hungry, so I guess I'll hunt something to eat; well here is something in this *open garbage can* with some excellent food, as spoiled tomatoes covered with sour milk, then after having enough of those things I go for a spin through the tenement districts and in a little dirty hotel light upon an *open cuspidor* and after tasting some of that extraordinary good food go down a narrow alley till I come to a big broad boulevard, on which I go down till I come to a big, spacious mansion in the midst of a blossoming garden. I go up into the hall past the butlers, serving maids, etc., into the big dining room and light upon the lovely frosted cake, orange pudding and hot bread, helping myself to each and digging my feet extra deep into each of the good things and my proboscis deep into the cake cells.

I went to sleep on a nice crisp crust of a peach pie,

then in the morning I woke up and feeling again hungry (which is characteristic of a fly) I went up to the nursery where lay the baby, pride of the household, amid ribbons, satins, silk and laces in the pink of health, his little chubby hands bobbing up and down, with his freshly filled milk bottle lying at one side. I then went up and lit on the ruby lips and then on the rubber nipple of the baby's bottle, but just then the nurse came in, so I went out of the *unscreened window,* down the boulevard a little way and wandered into the auditorium where a crowd of people were now assembled; then a crowd of women with pennants came down the aisle, and to my sorrow I found *"Swat the fly!"* written on them. Well, I went up into the dome, for safety, and there listened to their *insulting* words.

First a lady got up and began in a deep voice, "Ladies and gentlemen, we are here to save your health from the army of the invading flies, that have come into existence this spring to steal our lives and to bring us diseases such as tuberculosis and typhoid fever, brought by the germs which lurk on the hairy legs, proboscis and body of these filthy pests, the flies. We have come into the stage of realization, of seeing the harm done by them, as one carries six million germs, there being about one hundred and ninety-one quadrillion flies in one season. Just think what that would mean if these germs affect a system if it cannot resist, and so in this way these *innocent* looking little creatures kill thousands of people annually. They find their way into the homes and spread their germs of disease over the food and whatever is uncovered. So we housewives are banded together in this organization to fight them and to ask things of you all that you for your health's sake ought to do. First, get a fly swatter, they are inexpensive, and be sure to use it; second, screen your windows and doors, so as to keep them out of the houses; third, do not offer to buy food that has not been under glass or netting, if uncovered, no telling that a fly has crawled over this food and left

some of those six million germs; fourth, cover up your food in the homes; and fifth, clean up any dirty places and fertilizer dumps in your vicinity, so doing, cutting off their breeding grounds. Have the children bring me two hundred dead flies and we will give shrubbery, rose bushes and trees in exchange. Now come right into this band and line up to wage war on them. Tell everybody you know to come in, too, and teach the children this modern nursery rhyme written by Carolyn Wells:

Baby, by,
Here's a fly!
Let us kill him, you and I,
Ere he crawls
Up the walls
And dire ill befalls.
I believe on those six legs
Are a billion typhoid eggs!
There he goes
On his toes
Tickling baby's nose!
Now we must run right away
For the antiseptic spray
To sterilize
Where the fly's
Little microbes stray!
Only think, 'neath his two wings
Lurk all sorts of hard-named things!
Every fly
Fresh supply
Of these horrors brings.
So we have to analyze,
Neutralize and immunize
Vaporize,
Sterilize,
Just to fight the flies!

So saying, she sat down and the meeting was soon dismissed and I skipped out, too. Some time later I flew down to the mansion again and to my surprise found the nursery empty and a white wreath just beside the door.

News Notes

Miss Julia C. Lathrop, Chief of the Children's Bureau of the U. S. Department of Labor, has written as follows in reply to a letter from the Editor of the Quarterly:

"I entirely agree with you as to the value to this Bureau of nurses trained in public health work. At the present time the field agents of the Bureau are for the most part engaged in a series of infant mortality studies which consist chiefly of social, civic, and economic factors involved.

When the staff was enlarged last year, a special examination for field agents was held, resulting in a large eligible list. The positions have all been filled from this list, and it is not probable that further examinations will be held for a year or more. I feel that the training of a nurse combined with knowledge of the essentials of social and statistical inquiry would give minds invaluable to further studies in child welfare. I think there are no nurses upon the eligible list at present, but I trust that the work of the Bureau may in time prove inviting to them."

It would seem that the opportunities for valuable service offered by the work of the Children's Bureau have not yet been recognized by nurses. Surely the Public Health Nurse would find in this important Government Bureau a fitting field for the exercise of those faculties which her special training has cultivated; and we hope that it may not be long before her profession is worthily represented in this department of State service.

The Chairman of the Iowa State Public Health Nursing Association is planning to include subscription to the Quarterly in the cost of membership in the Association. Miss Maud Reeder, the chairman, says, "When the nurses read the Quarterly, they will want to become members of the National Organization." This plan is one which we should very much like to see carried out by all State Public Health Nursing Associations, as we believe that it would lead to a great increase of interest and activity on the part of members.

The State Department of Education of the University of the State of New York has prepared some most interesting exhibits of Public Health work in schools. Two of these exhibits, entitled "How Many Children Should He (She) Care For?" show the average number of pupils to one medical inspector and to one nurse, respectively, in each of ten cities. The minimum and maximum number of pupils who should be under the care of one medical inspector and one nurse is given as 1,500 and 3,000, respectively. The exhibits consist of black lines running across indicative figures marked in thousands only, therefore they are not exact, but approximate; they are as follows:

	Pupils per Med. Inspect.		Pupils per Nurse
Newark	1,000		7,500
Boston	1,000	(Over)	3,000
Spokane	2,000		Not given
Detroit	2,000	(Over)	10,000
St. Louis	2,000	(Nearly)	3,000
Chicago	3,000	(Over)	4,000
Milwaukee	4,000	"	10,000
Cleveland	6,000	"	4,000
Minneapolis	6,000	"	6,500
New York	(Nearly) 9,000	(Over)	4,000
San Francisco	Not given	"	3,000

(Note: Spokane is given in the Medical Inspector's Exhibit; San Francisco in the School Nurse's Exhibit.)

The comparison between the number of children under the care of the medical inspector and those under the care of the school nurse is both interesting and instructive; not least so in the light which it throws on the policy adopted by the different cities in regard to Public Health work in their schools.

An exhibit of drinking facilities in rural schools, founded on reports from 1,258 schools in 18 states, gives the following data:

Bubbling Fountains	5	.4	per cent
Common Drinking Cups	580	46.2	" "
Individual Cups	673	53.4	" "

A Conference of Medical Inspectors and Nurses of the New York State Department of Education meeting in conjunction with Association of Medical Inspectors and Physical Educators of New York State was held in Buffalo on April 27th and 28th, 1915, at the time of the annual meeting of the Medical Society of the State of New York.

It was very noticeable that the accent throughout this conference was laid upon the necessity for improvement of the health conditions in rural districts. Many of the speakers vividly described the serious menaces to health and morality still existent in rural schools—conditions which are no longer permitted in our cities. Dr. Thomas D. Wood, Chairman, Committee on Health Problems in Education, National Education Association, gave a most illuminating address on "The Health of Rural School Children," in which he showed very clearly the great need for better school buildings, better drainage and better health conditions generally in rural schools and communities. Most recent figures show that the health of school children in country districts is often worse than that of children in the most congested neighborhoods of the large cities; because so much has been done to improve conditions in the latter, whereas in the country but little effort has been made to combat the ignorance of the population as to the deadliness of bad drainage, contaminated wells and water supplies, dark, unventilated, tumble-down school buildings, and all the other evils which produce equally terrible results in the country as in crowded cities.

A valuable feature of the 109th Annual Meeting of the Medical Society of the State of New York, held in Buffalo, April 26th to 29th, 1915, was a series of public lectures on health subjects. Professor C. E. A. Winslow was one of the speakers at the first of these meetings, which concluded with moving pictures prepared by the New York State Department of Health and illus-

trating in popular form the unhealthy conditions prevailing in rural districts, their dire results and final betterment through the education of the sufferer by the health inspector; and, secondly, the necessity for, and value of, infant welfare stations. Another speaker at these meetings, whose work should be of the greatest interest to Public Health Nurses, was Miss Julia C. Lathrop, Chief of Children's Bureau, U. S. Department of Labor. Her subject was "Why the Children's Bureau Studies Infant Mortality," and in this most interesting address Miss Lathrop gave a wonderful description of the aims of the Children's Bureau and the work which it has already accomplished. In another News Note we print part of a letter from Miss Lathrop, to which we should like to call the attention of all our readers.

The Florida State Board of Health recently held a competitive examination for four more tuberculosis nurses; there are already two in the field. This work of trained tuberculosis workers in the rural districts of Florida is practically new; and as Florida does not maintain any state, county, or city institution the workers now entering the field have a large problem to face. There is a great opportunity for education among the people in the rural communities. Three years ago a small tuberculosis dispensary was organized in the basement of the old St. Luke's Hospital, Jacksonville, by the Visiting Nurse Committee. When this hospital moved to its beautiful new buildings there was no provision made for the dispensary. Through the efforts of Dr. R. H. McGinnis, in charge of the dispensary, and Dr. C. E. Terry, City Health Officer, the basement of the City Engineers Building was obtained. At that time the dispensary became general. It was supported entirely by voluntary contributions. On May 15, 1915, the city assumed responsibility and appropriated five hundred dollars for the ensuing year and established a drug room and druggist for five hours each day. The Visit-

ing Nurse Committee of the Woman's Club send one nurse to act as registrar, and St. Luke's Hospital has added the dispensary work as part of its curriculum, sending two nurses each clinic day.

A State Public Health Organization was organized at the last regular meeting of the Florida State Association, held in Jacksonville early in March. In the last four years Florida has made wonderful strides along the lines of Public Health Nursing.

The students taking the Special Course in Public Health Nursing at Cleveland, Ohio, were presented with their certificates on June 18th by President Thwing of Western Reserve University. The presentation took place in the Assembly Room of the Visiting Nurse Association, and an address was made by Professor Henry E. Bourne, Professor of History at Women's College, Western Reserve University, and President of the Board of Trustees of the Goodrich Social Settlement, with which he has been connected since 1897; the title of the address was "Enlisted." Miss Mary Samuel, Superintendent of Nurses of the Lakeside Training School, Cleveland, presided over the proceedings. The members of the class were as follows: Miss Martine Cutter, of Muskegon, Mich.; Miss Margaret Veach, of Kingston, Ohio; Miss Ella K. Duckett, Miss Wilda Homberger, Miss Helen Larkworthy, Miss Sue McCracken, Miss Louise Sitzenstock, Miss Evabelle Tatro, all of Cleveland.

Book Reviews and Bibliography

The Tuberculosis Nurse: Her Functions and Her Qualifications. By Ellen N. La Motte, R. N., graduate of Johns Hopkins Hospital, former Nurse-in-Chief of Tuberculosis Division, Health Department of Baltimore. New York, G. P. Putnam's Sons, 1915. Pp. 292. $1.50.

Miss La Motte's book presents a splendid analysis of the technical methods and problems involved in increased efficiency in the war against tuberculosis. The well known authority, acquired through study and long experience, of the writer is sufficient indication of the value of her book. The title of the book is a bit misleading. The term "The Tuberculosis Nurse" covers a broad field, and in the West and Middle West, where the population is largely rural, the term is usually associated with the State, county or village associations. The author confines her material to Baltimore, and details the problems and the manner in which they have been met during her many years of service, which began as pioneer work and continued to the present time. She presents a definite, concrete problem and shows, step by step, how that problem has been worked out. Two objects were held in view: "First, to offer a working model by which any community can gain some idea as to how to organize and conduct tuberculosis work; second, to offer conclusions, gained through practical experience, as to the nurse's part in the anti-tuberculosis campaign."

The book has none of the apathy characteristic of an age of faith and is shocked by no traditional restraints; every page is characterized by vigor, courage and steadfastness of purpose. Though an enthusiast, the author rises to no soaring vision, and sees the millennium still in the far distance. She bases her faith on the trilogy—the Hospital, the Dispensary and the Public Health Nurse; but these are severely handicapped by social and

economic maladjustment. Narrow considerations, truisms and platitudes are conspicuously replaced by firm, perhaps radical statements, which at times may seem pedantic. However, the unexpected reaction leaves the reader's mind exhilarated and stimulated, and if she disagrees with the author she is "put to it" to find a logical and sound basis for her own point of view. The statements are made with the conviction that experiment, rather than logical deduction, is the final test of truth and that progress is made not by conformity, but rather by the clash of personalities and the interaction of ideas and methods.

The crucial question—institutional care for the advanced case—recurs with doubled and redoubled force in each succeeding chapter. To induce the patient to go from his home into an institution is the paramount reason for the existence of the tuberculosis nurse. Treatment outside of the hospital is only paltering with the tuberculosis problem.

A very comprehensive and concise chapter on the problems of relief giving and co-operation will do much to help the Public Health Nurse to correlate her work with that of the social service agents; the kernel of which is that every social worker should have a full working knowledge of every agency in the field, in order thoroughly to recognize the limitations of her own field, to which she should confine all of her energy. The nurse must be able to call upon any agency which will assist her family, but she must be known as a giver of service alone and not as a giver of material assistance.

While Miss La Motte gives us no uncertain or wavering theories, she does not present us with an iron-clad creed. The book will do much to make every Public Health Nurse who reads it thoughtfully a portentous figure in her community, because she will realize that "the groove is akin to the grave."

A noteworthy feature of the book is the introduction by Louis Hamman, M. D., of the Phipps Tuberculosis

Dispensary of Johns Hopkins Tuberculosis Dispensary. A full index adds much to the value of the book.

F. M. Patterson.

Cancer, Its Cause and Treatment, by L. Duncan Bulkley, M. D., Senior Physician, The New York Skin and Cancer Hospital; published by Paul B. Hoeber, 1915. $1.50.

The author is apparently imbued with the necessity of stimulating the proper medical care in the treatment of cancer. In the first lecture he summarizes and criticizes some of the theories regarding the cause and nature of cancer. He dismisses the contagiousness, parasitic theory of cancer, the relations of age, sex, traumatism, occupation, to its occurrence without apparently any division into the various types of growth regarding which some of these factors have been shown to be of the greatest importance. The pathologic physiology of the circulating plasma is a modernization of an ancient theory and recognizedly may have great weight in the original cause and certainly in the cause of metastases.

In Chapter II he considers the frequency and geographical distribution which is a very valuable grouping of the facts.

Chapter III is given up to metabolism and Chapter IV to diet in cancer, so that it is logical that the author in Chapter V should lay great stress upon the medical treatment of cancer and the vegetarian diet. We suggest that it might be well to omit the reference to a certain sanitarium. Although the author speaks in several places of the surgical removal of the growth it always leaves the mental reservation that it is sure to be unsatisfactory, that removal can be accomplished in some cases by medical care and diet, arguments which support the sufferer in his aversion to surgery.

Not once in the whole book does the author express the well recognized absolutely proven fact that in the light of our present knowledge of cancer early removal

of all possibly cancerous processes is absolutely necessary. If there is one proven fact regarding the treatment of cancer which every worker in this line should enforce upon his hearers, the medical world and the laity, it is that the earliest diagnosis of pre-cancerous conditions and their extirpation is followed by the best results. This means every breast tumor, every patient past thirty-five years of age with unmistakable signs of chronic gastric ulcer, every uterine tumor, etc. By so doing we not only are able to remove the earliest manifestation of cancer but the earliest evidence along etiological lines may be gained. No intelligent physician will hold that surgery is the ideal resource in cancer, but in view of our present knowledge all will agree surgery must never be forgotten. However true Dr. Bulkley's theory of the relation of metabolism to cancer may be, yet he states that 50,000 deaths are annually occurring in the United States from the disease so that at least until his theories have borne more fruit the occasional complete eradication of cancer by surgery and prolongation of life in the majority of cases is certainly to be granted the sufferer. Following and associated with this all will welcome Dr. Bulkley's efforts at medical treatment. Whoever reads Dr. Bulkley's book should keep this in mind.

F. C. Herrick.

Outlines of Internal Medicine. For the Use of Nurses. By Clifford Bailey Farr, A. M., M. D., Instructor in Medicine, University of Pennsylvania; Assistant Visiting Physician, Philadelphia General Hospital; Pathologist to the Presbyterian Hospital. 12 mo., 408 pages, illustrated with 71 engravings and 5 plates. Cloth, $2.00, net; Lea & Febiger, Publishers, Philadelphia and New York, 1915.

Although Dr. Farr has entered a field in which already there is one good, modern text-book, nevertheless his work on "Internal Medicine" represents a distinct contribution to the teaching armamentarium of our

Nurses' Training Schools. It is a brief and concise work showing unusual consideration for the point of view of the nurses for whom it is written.

The usual arrangement of the subject matter has been reversed, and the reader is introduced to the intricacies of nervous diseases at once (as the author explains) because of the intimate association between this type of disease and all other disorders. The infectious diseases are placed last, and these too are rearranged and re-classified according to the mode of transmission of the infection "to conform with the requirements of prophylaxis." Nervous diseases can never be made simple; the terms are technical and require a large borderland knowledge in other sciences, and it is in this department that the nurse with her ideas of science limited to a high school preparation will find the greatest difficulty to clear understanding. To any one who has taught nurses, the difficulty of clearness in scientific explanations is recognized as one very hard to overcome. What to the writer may seem simplicity itself, to the reader may mean nothing because of a failure to understand terms. Aside from this section on nervous diseases, the author has been very generous in his explanations and has gauged well the understanding of his audience.

The subject matter is divided into ten parts. At the beginning of each part, we find a description and a brief discussion of the main symptoms associated with the organs treated.

In Diseases of the Circulatory System, for example, we find discussion of Syncope, the Pulse, Blood Pressure, Dyspnea, Cyanosis, Oedema, etc.—a method which makes the later clinical discussion of the case much more understandable.

The emphasis throughout has been laid on the etiology, the clinical picture and the treatment, and these points have been handled concisely, and for their purpose wisely. The causation is stated briefly. The story of the course of the disease is told in terms of the average

case. There is no confusion with a mass of detail. The writer rarely yields to his impulse to tell it all. Finally the treatment is considered. Here the emphasis has been laid on diet and general nursing measures. The reader's knowledge of nursing technique is rightly assumed, and a simple statement of the measures employed is regarded as sufficient. Drug treatment receives only incidental mention. Dosage and indications for drugs are left for the physician's text-book. Prophylactic Medicine in which the brunt of the work goes to the nurse, has received its appropriate share and its importance is emphasized on every page. The work is clearly and fully illustrated with engravings, charts and plates. The author has undertaken a difficult task, and has done his work on the whole extremely well.

H. Lester Taylor, M. D.

Notes of Bulletins, Reports, Etc.

The Survey Committee of the Cleveland Foundation has just brought out its first publication in the form of a well illustrated report on Cleveland's Relief Agencies. The survey upon which this report is founded was made by Sherman C. Kingsley, Director, Elizabeth McCormick Memorial Fund, Chicago; Amelia Sears, Director of Public Welfare, Cook County, Illinois; and Allen T. Burns, Director, Cleveland Foundation Survey. The report opens with an account of the scope of the survey, and its methods; there is given a description and criticism of the following: Outdoor Relief Bureau of the City; Associated Charities; Charities Clearing House; Mothers' Pensions of Juvenile Court; Hebrew Relief Association; School Pensions of the Board of Education; Salvation Army. Part II consists of recommendations in regard to these various relief agencies. Copies of this interesting and instructive report may be obtained on application to Allen T. Burns, Director, Cleveland Foundation Survey, 612 St. Clair avenue, N. E., Cleveland, O.

The Division of Public Health Education and Tuberculosis of the Ohio State Board of Health has just issued a booklet entitled "Public Health Nursing in Ohio," which gives a brief general history of nursing in its different forms, and a list of definitions of various kinds of Public Health Nursing, such as District Nursing, Tuberculosis Nursing, etc. This is followed by an interesting account of Public Health Nursing in Ohio, and a map showing the Public Health Nursing centres in the State.

The Committee for the Prevention of Blindness, State of New York, has just issued its Sixth Annual Report, together with a Summary of Six and One-Half Years' Work, June 5, 1908, to January 1, 1915. The report is illustrated with reproductions of photographic exhibits on Babies' Sore Eyes; Wood Alcohol, and Midwives; and concludes with extracts from letters from eminent authorities upon the working of the Acts for the training and control of midwives in England and New Zealand. Copies may be obtained from the office of the committee, 130 East 22nd St., New York City.

A second edition of the Visiting Nurse Manual, by Edna L. Foley, has just been issued, the first edition having been sold out in less than six months. This is a high testimony to the value of the book and the need which it has met. The second edition contains a few alterations, chiefly in the form of additional instructions.

The Committee on Obstetrics of the American Association for Study and Prevention of Infant Mortality has issued a leaflet entitled "Motherhood." It contains in very brief compass much practical advice and information for the prospective mother, together with a list of necessary things for the baby. Copies of this may be obtained from the headquarters of the Association, 1211 Cathedral St., Baltimore, Md.

The Metropolitan Life Insurance Company has just published the 1914 Report on its Welfare Work. The statistics given show that the Visiting Nurse Service covered 1,804 cities and towns, caring for 192,335 patients, with a total of 1,060,288 visits made by the nurses. Fourteen new pamphlets were published during the year, and supplies of literature were distributed at health exhibits and, on special request, to factories, hospitals, dispensaries, anti-tuberculosis associations, churches, labor unions, public schools, colleges, etc. The report shows that the superintendents of schools, medical inspectors, etc., have constantly applied to the company for welfare literature, the most sought after publications being "Teeth, Tonsils and Adenoids"; "A War on Consumption"; "Smallpox"; "Typhoid"; "All About Milk"; "First Aid in the Home"; the Fly circulars. There has also been a great demand for folding drinking cups, and it is interesting to read that the company contracted last year to have supplies of its cups placed on the cars of the New York Central Lines, approximately 20,000,000 cups having been distributed in this manner during 1914. Reference is also made to the "Health and Happiness League," which at present numbers over 100,000 child members.

Another interesting publication of the Metropolitan Life Insurance Company is an illustrated pamphlet on its Visiting Nurse Service, which describes the purpose, inception and present extent of the service, together with rules and methods and professional requirements for its nurses—the latter being the same as those of the National Organization for Public Health Nursing. Mention should also be made of the "Safety First Wonder Book" for children, which conveys in most attractive play form, the dangers of playing with fire, crossing a road heedlessly, meddling with poisons, smoking, etc.

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(Note: Publications of the Children's Bureau may be obtained from Children's Bureau, U. S. Department of Labor, Washington, D. C.

Publications of the United States Public Health Service may be obtained from the Surgeon General, U. S. Public Health Service, Washington, D. C. Remittances should be made to the Superintendent of Documents, Washington, D. C., by postal money order, express order, or New York draft. Currency may be sent at owner's risk. Stamps not accepted.)

NOTICE

We wish to call the attention of our readers to the regulations governing our combination subscription with the American Journal of Nursing. The reduced rate of $2.50 is given only if the two subscriptions commence at approximately the same date; the full amount must be sent to the office either of the Journal or the Quarterly—it must not be divided; and notice of change of address must be sent to *both* offices. Attention to these simple rules will obviate much unnecessary correspondence and some disappointment.